staller Name:	OSSF Installer #:				
1st Inspection Date:	2nd Inspection Date:	3rd Inspection Date:			
Inspector Name:	Inspector Name:	Inspector Name:			

Perm	it#:		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)				
	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)		285.32(a)(5)				
5	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)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

Inspector Notes:

N-	December 41	A mar	Citotiana	Net	1 at 1	2 m d 1	7 mal 1
No.	Description SEPTIC TANK Tank(s) Clearly	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	Marked SEPTIC TANK IsingleTank, 2Compartments Provided withBaffle SEPTIC TANK Inlet Flowline Greater than3" and "T" Provided on Inlet and OutletSEPTIC TANK Septic Tank(s) MeetMinimum 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) (I)285.32(b)(1)(E) (i)285.32(b)(1)(E) (i)285.32(b)(1)(C) (ii)285.32(b)(1)(C) (ii)285.32(b)(1)(C) (ii)285.32(b)(1) (B)285.32(b)(1) (A)285.32(b)(1)(E)(iv)				
1	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
	SEPTIC TANK Secondary restraint system providedSEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
	SEPTIC TANK Tank Volume Installed						
12							
	PUMP TANK Volume Installed						
1	AEROBIC TREATMENT UNIT Size Installed						
14							
	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number						
15	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)				
18			203.33(a)(2)				

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)						
	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC								
26	DRAINFIELD Area Installed								
	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)						
	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media								
	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)						
	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)						
	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)						

	I I			- 	<u> </u>	I	I
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)				
	AEROBIC TREATMENT UNIT IS Aerobic Unit Installed According to Approved Guidelines.		285.32(c)(1)				
	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						
	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.						
	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 PUMP TANK Inspection/Clean Out						
37	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 PUMP TANK Electrical						
	Connections in Approved Junction Boxes / Wiring Buried						

				-			
No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	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)(iii) 285.33(d)(2)(G)(iii)(I)				
	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)				
	APPLICATION AREA Area Installed						
	PUMP TANK Meets Minimum Reserve Capacity Requirements						
	PUMP TANK Material Type & Manufacturer						
	PUMP TANK Type/Size of Pump Installed						



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

Permit Number: 118958

Issued This Date: 10/20/2025

This permit is hereby given to: Michael and Sheridan Buck RVCBL Trust

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

728 FLIGHTLINE DR SPRING BRANCH, TX 78070

Subdivision: Kestral Air Park

7

Unit: n/a
Lot: 9

Block:

Acreage: 1.0000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

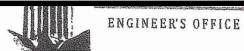
Type of System: Aerobic

Drip 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.

Received **Brandon Mark Olvera** 10/13/2025 2:33:12 PM



OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items								
	Date Received	Initials	Permit Number					
s tr	nat do not apply, plac	ce "N/A". This C	DSSF Development Application					

	Date Received	Initials	Permit Number
Instructions: Place a check mark next to all items that apply. For items Checklist <u>must</u> accompany the completed application.	s that do not apply, plac	e "N/A". This	OSSF Development Application
OSSF Permit			
Completed Application for Permit for Authorization t	to Construct an On-Site	Sewage Fac	ility and License to Operate
Site/Soil Evaluation Completed by a Certified Site E	Evaluator or a Profession	nal Engineer	
Planning Materials of the OSSF as Required by the of a scaled design and all system specifications.	TCEQ Rules for OSSF	Chapter 285	5. Planning Materials shall consist
Required Permit Fee - See Attached Fee Schedule			
Copy of Recorded Deed			
Surface Application/Aerobic Treatment System			
Recorded Certification of OSSF Requiring Ma	aintenance/Affidavit to t	he Public	
Signed Maintenance Contract with Effective	Date as Issuance of Lic	ense to Oper	ate
I affirm that I have provided all information required constitutes a completed OSSF Development Applications and the constitutes are completed OSSF.		ment Applic	ation and that this application
Signature of Applicant Signature of Applicant COMPLETE APPLICATION			LETE APPLICATION
Check No. Receipt No.	(M	issing items (Circled, Application Refeused)

Revised: September 2019

Received

Brandon Mark Olvera

10/20/2025 3:28:33 PM

EWAGE FACILITY APPLICATION

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

Date		
	Permit Number	118958
1. APPLICANT / AGENT INFORMATION		110 130
Owner Name Meheel Buck & Shender Dick	enthame tole Trust .	
Mailing Address 79 & Ele La la A		lout Seidentacker
City Charles To	ent Address 124 6516	sai ling
Phone # 1/10/ M2/ COCT	y, State, Zip <u>Quarte</u>	
Email Kmikeandsheridanbuckean, Em		(4 6.663
2 LOCATION	1	22 fel p 601 3 3 0 00
Subdivision Name Kestral Air Park	Unit Lot	9
Survey Name / Abstract Number	Approximate constitutions	Block Acreage 1.00
Address 728 Flight Line Dr City	- File.	te The Zin Zen Zr
3. TYPE OF DEVELOPMENT	The same of	
Single Family Residential		
Type of Construction (House, Mobile, RV, Etc.)		
Number of Bedrooms 3	0.15	
	0-13-25	
Non-Single Family Residential		
(Planning materials must show adequate land area for doubling the requirement of the state of th	uired land needed for treatment unit	is and disposal area)
***		and anopolar arcay
Type of Facility		
	mber Of Occupants Pla	nning Materials
Offices, Factories, Churches, Schools Parks, Etc Indicate Nur Restaurants, Lounges, Theaters - Indicate Number of Seats	mber Of Occupants Pla	d Site Plan show
Offices, Factories, Churches, Schools, Parks, Etc Indicate Nur Restaurants, Lounges, Theaters - Indicate Number of Seats Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds	mber Of Occupants Pla	nning Materials d Site Plan show edrooms
Offices, Factories, Churches, Schools, Parks, Etc Indicate Nur Resteurants, Lounges, Theaters - Indicate Number of Seats Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds Travel Trailer/RV Parks - Indicate Number of Spaces	mber Of Occupants Pla	d Site Plan show
Offices, Factories, Churches, Schools, Parks, Etc Indicate Nur Restaurants, Lounges, Theaters - Indicate Number of Seats Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds	mber Of Occupants Pla	d Site Plan show
Offices, Factories, Churches, Schools, Parks, Etc Indicate Nur Resteurants, Lounges, Theaters - Indicate Number of Seats Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds Travel Trailer/RV Parks - Indicate Number of Spaces	mber Of Occupants Pla	d Site Plan show
Offices, Factories, Churches, Schools, Parks, Etc Indicate Nur 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	nber Of Occupants and 6 b	d Site Plan show
Offices, Factories, Churches, Schools Parks, Etc Indicate Nur 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: \$ 10,000	nber Of Occupants and 6 b	d Site Plan show edrooms
Offices, Factories, Churches, Schools Parks, Etc Indicate Nur 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: \$(Struct Is any portion of the proposed OSSF located in the United States An	nber Of Occupants Pla and 6 b ure Only)	d Site Plan show edrooms
Offices, Factories, Churches, Schools Parks, Etc Indicate Nur 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: \$	nber Of Occupants Pla and 6 b ure Only)	d Site Plan show edrooms
Offices, Factories, Churches, Schools Parks, Etc Indicate Nur 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: \$ 20,000 e.0 (Struct Is any portion of the proposed OSSF located in the United States An Yes X No (if yes, owner must provide approval from USACE for proposed OSSF located of Water X Public Private Well Rainwater 4. SIGNATURE OF OWNER	nber Of Occupants Pla and 6 b ure Only)	d Site Plan show edrooms
Offices, Factories, Churches, Schools Parks, Etc Indicate Nur 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: \$	mber Of Occupants and 6 b ure Only) my Corps of Engineers (USACE and OSSF improvements within the USA	d Site Plan show edrooms E) flowage easement? ACE flowage easement)
Offices, Factories, Churches, Schools Parks, Etc Indicate Nur 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: \$	mber Of Occupants and 6 b ure Only) my Corps of Engineers (USACE and OSSF improvements within the USA	d Site Plan show edrooms E) flowage easement? ACE flowage easement)
Offices, Factories, Churches, Schools Parks, Etc Indicate Nur 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: \$	mber Of Occupants and 6 b ure Only) my Corps of Engineers (USACE and OSSF Improvements within the USA ontain any false information and do ights necessary to make the permit	d Site Plan show edrooms E) flowage easement? ACE flowage easement) less not conceal any material tited improvements on said
Offices, Factories, Churches, Schools Parks, Etc Indicate Num 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: \$	mber Of Occupants and 6 b ure Only) my Corps of Engineers (USACE and OSSF Improvements within the USA ontain any false information and do ights necessary to make the permits to enter upon the above described	d Site Plan show edrooms i) flowage easement? ACE flowage easement) less not conceal any material tited improvements on said d property for the purpose of
Offices, Factories, Churches, Schools Parks, Etc Indicate Num 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: \$	mber Of Occupants and 6 b ure Only) my Corps of Engineers (USACE and OSSF Improvements within the USA ontain any false information and do ights necessary to make the permit as to enter upon the above described the Procedular Authinistrator has be the Procedular Authinistrator has be	d Site Plan show edrooms c) flowage easement? ACE flowage easement) des not conceal any material tited improvements on said d property for the purpose of enformed the reviews required.
Offices, Factories, Churches, Schools Parks, Etc Indicate Num 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: \$	mber Of Occupants and 6 b ure Only) my Corps of Engineers (USACE and OSSF Improvements within the USA ontain any false information and do ights necessary to make the permit as to enter upon the above described the Procedular Authinistrator has be the Procedular Authinistrator has be	d Site Plan show edrooms c) flowage easement? ACE flowage easement) des not conceal any material tited improvements on said d property for the purpose of enformed the reviews required.
Offices, Factories, Churches, Schools Parks, Etc Indicate Num 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: \$	mber Of Occupants and 6 b ure Only) my Corps of Engineers (USACE and OSSF improvements within the USA contain any false information and do ights necessary to make the permit as to enter upon the above described to the Procepton Automistrator has permit applicated as associated with this permit applicated as associated with this permit applicated.	d Site Plan show edrooms c) flowage easement? ACE flowage easement) des not conceal any material tited improvements on said d property for the purpose of enformed the reviews required.
Offices, Factories, Churches, Schools Parks, Etc Indicate Num 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: \$	mber Of Occupants and 6 b ure Only) my Corps of Engineers (USACE and OSSF Improvements within the USA ontain any false information and do ights necessary to make the permit as to enter upon the above described the Procedular Authinistrator has be the Procedular Authinistrator has be	d Site Plan show edrooms c) flowage easement? ACE flowage easement) des not conceal any material tited improvements on said d property for the purpose of enformed the reviews required.

Received Brandon Mark Olvera 10/13/2025 2:43:37 PM

E SEWAGE FACILITY APPLICATION

NEW BRAUNFELS, TX 78132 (830) 608-2090 <u>WWW.CCEO.ORG</u>

Planning Materials & Site Evaluation as Required Completed By System Description Tank Stze(s) (Gallons) Stze of Septic System Riquired Based on Planning Materials & Soil Evaluation Tank Stze(s) (Gallons) Stze of Septic System Riquired Based on Planning Materials & Soil Evaluation Tank Stze(s) (Gallons) Stze of Septic System Riquired Based on Planning Materials & Soil Evaluation Tank Stze(s) (Gallons) Stze of Septic System Riquired Based on Planning Materials & Soil Evaluation Tank Stze(s) (Gallons) Stze of Septic System Riquired Based on Planning Materials & Soil Evaluation Tank Stze(s) (Gallons) Stze of Septic System Riquired Based on Planning Materials & Soil Evaluation Tank Stze(s) (Gallons) Stze of Septic System Riquired Based on Planning Materials & Soil Evaluation Tank Stze(s) (Gallons) Stze of Septic System Riquired Based on Planning Materials & Soil Evaluation Tank Stze(s) (Gallons) Stze of Septic System Riquired Based on Planning Materials & Soil Evaluation Tank Stze(s) (Gallons) Stze of Septic System Riquired Based on Planning Materials & Soil Evaluation Tank Stze(s) (Gallons) Stze of Septic System Riquired Stze of Riquired Stze	A COUNT COUN
Size of Septic System Required Based on Planning Materials & Soil Evaluation Tank Size(s) (Gallons) 840 640 ATA Absorption/Application Area (Sq Ft) 2305 2720 Gallons Per Day (As Per TCEQ lable III) 480 Giltes generating more than 5000 of loss and save services and state of 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 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? Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.) Is there an existing TCEQ approval CZP for the property? Yes No If there is no existing TCEQ approval CZP for the property? Yes No If there is no existing TCEQ approval CZP for the proposed development activity require a TCEQ approved CZP? No If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? No If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP. A Permit to Construct will not be issued for the proposed OSSF until that the OSSF design will comply with all provisions of the existing CZP.) 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 tite online posting/public/release of gry e-mail address associated with the pormit upplication, as excellentable. - The Information provided above is true an	Planning Materials & Site Evaluation as Required Completed By Hoyt Seuleasticker
Tank Stze(s) (Gallons) 840 GPD ATLL Absorption/Application Area (Sq Ft) 2720 2720 Gallons Per Day (As Per TCEQ Table III) 480 Gallons Per Day (As Per TCEQ Table III) 480 Sites generating more than 5000 and loss non-decases and 10-06-2025 ormit through TCEQ.) Our office will be conducting a site visit on 10-06-2025 ormit 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 (RS.) 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 yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed 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 development activity require a TCEQ approved WPAP. A Permit to Construct will not be issued for the P.E. or R.S. shall certify that the OSSF design will comply with all provisions of the existing CZP.) If there is no existing TCEQ approval CZP for the property? 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.) 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/publis/release of my e-mail address associated with this permit application. As accelerable. - The information provided above is true and correct to the best of my knowledge.	System Description Herobic with Doing Tringetion
Gallons Per Day (As Per TCEQ able III)	Size of Septic System Required Based on Planning Materials & Soil Evaluation
(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.)) 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 yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed 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 there an existing TCEQ approval CZP for the property? 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 existing CZP.) If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? No No If yes, inclicate the city: No If yes, indicate the city: No If yes, indicate the city: No	Tank Size(s) (Gallons) 840 GPO ATO Absorption/Application Area (Sq Ft) 2305 2720
Our office will be conducting a site visit on 10-06-2025 Is the property located over the Edwards Recharge Zone?	Gallons Per Day (As Per TCEQ Table III) 470
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? 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 there an existing TCEQ approval CZP for the property? Yes No Is there an existing TCEQ approval CZP for the property? Yes No If there is no existing TCEQ approval CZP for the property? Yes No If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? Yes No If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? No If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP. A Permit to Construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.) 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, an applicable. - I affirmatively consent to the online posting/public/release of my e-mail address associated with this permit application, an applicable.	
(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 CSSF 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 there is no existing TCEQ approval CZP for the property? Yes No If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? Yes No If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP. A Permit to Construct will not be issued for the proposed CSSF 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 supplication, an expelicable. - A Hard Man A Republication with the permit supplication, an expelicable.	Our office will be conducting a site visit on 10-06-2025
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 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 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 positing/public/release of my e-mail address associated with this permit application, an application. - An application, an application, an application, an application, an application.	Is the property located over the Edwards Recharge Zone? 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/publig/release of my e-meil address associated with this permit application, see applicables.	(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))
(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/publig/release of my e-meil address associated with this permit application. See applicable.	Is there an existing TCFO approved WPAP for the property? \(\text{Ves}\) \(\text{Ves}\)
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/publig/release of my e-meil address associated with this permit application. Ass application.	
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 (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 e-mail address associated with this permit application. As application.	
(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 positing/public/release of my e-mail address associated with this permit application. Associated with this permit application.	Is there at least one acre per single family dwelling as per 285.40(c)(1)? Yes No
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 compiles 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/publiofrelesse of my e-mail address associated with this permit application, as applicable. ### PC 2 1 23	If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? 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. **Part Lagrange CZP.** **Post No** 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.	
(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.	is the property located over the Edwards Contributing Zone? 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.	Is there an existing TCEQ approval CZP for the property? Yes V No
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.	
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. ### ### ### ########################	
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. - 21-25	
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/publig/release of my e-mail address associated with this permit application, as applicable. \$-21-25	Is this property within an incorporated city?
- The information provided above is true and correct to the best of my knowledge. - I affirmatively consent to the online posting/publig/release of my e-mail address associated with this permit application, as applicable. \$-21-25	If yes, indicate the city:
- The information provided above is true and correct to the best of my knowledge. - I affirmatively consent to the online posting/publig/release of my e-mail address associated with this permit application, as applicable. \$-21-25	
- The information provided above is true and correct to the best of my knowledge. - I affirmatively consent to the online posting/publig/release of my e-mail address associated with this permit application, as applicable. \$-21-25	
- The information provided above is true and correct to the best of my knowledge. - I affirmatively consent to the online posting/publig/release of my e-mail address associated with this permit application, as applicable. \$-21-25	
- I affirmatively consent to the online posting/public/release of my e-mail address associated with this permit application, as applicable. S-21-25	
Hot little 8-21-25	
	- I attirmatively consent to the online positing/publig/release of my e-mail address associated with this permit application, as applicable.
Signature of Designer / 1 / Date	Signature of Designer Date



03/15/2011 08.06:36 AM 1/1

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF COMAL STATE OF TEXAS

93240

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.

LAR 17 2011

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on The Texas Health and Safety Code, Chapter 300 authorizes the 1 exas Commission on Environmental Quality (commission) to regulate on-site sewage facilities (OSSFs). Additionally, UNITY LINGUILER the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

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):

Lot 9, Block 7, Kestrel Air Park, Comal County, Texas, according to plat thereof recorded in Volume 12, Pages 314-316, Map and Plat Records of Comal County, Texas.

Aremen and Amy K. Armen The property is owned by (insert owner's full name):

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 2 DAY OF MANN, 2016

Benjamin S. Armen

my K. Armen

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS DAY OF MALA, 201

y Public, State of Texas

Nothry's Printed Name: Commission Expires

NOTARIAL SEAL COLEEN K. SOLOTPLIK, Notary Public East Stroudsburg Boro, Menroe County My Commission Expires Sept. 12, 2011 Filed and Recorded Official Public Records Joy Streater, County Cierk Comai County: Texas 03/15/2017 08:06:36 AM CASHTHO 201106009204





I-10 Contracting, LTD Maintenance Contract

TWO_ (YEAR)

I-10 comiquidades

- I-10 LTD shall perform 3 inspections/service calls a year, equally distributed, for a total of 3 over the 12 month period which include inspection, adjustment, and servicing of the system components(control panel, compressor, filter, and diffuser) to insure proper function and to repair or replace any nonlinectioning component.
- Inspections shall also include an efficient quality inspection consisting of a visual check for color, turbidity, soun overflow and examinations of odors. Testing for chlorine residual and PH will be completed and reported as required.
- If manifable conditions cannot be conscied at the time of service the Home Owner will be advised immediately, in writing, of the problem and the estimated date of consection.
- 4. Request for service shall be fullfilled within 48 hours (weekends and holidays excluded) by I-10 Contracting LTD or an authorized agent :-

Home Chart Agrees To The Following:

- To make a chloring residual of at least 0.1 mg/L in the septic system. This can be accomplished using chloring designed for wastewater. If the system requires the addition of chloring on a service date the provider will add chloring and the Bone Owner will be charged accordingly.
- 2. If Home Owner falls to add chloring and the Home Owners responsibilities as described in the Home Owners isfamual it shall be considered as a interch of this agreement. In addition, fallure may also be considered as tradawini act in some jurisdiction and provider will contact the appropriate governmental animatises to report violation.
- 3. To maintain a factory authorized service provides for the lifetime of the system, as required by state law applicable to aerobic systems. Service provides agrees to make available, for purchase on a yearly basis, a continuing service policy to cover labor for normal inspection, maintenance, and repair.
- 4. To follow the duties in the Home Owners Manual regarding Home Owners responsibilities.

This Service Policy(Agreement) entered into this	day of Licence to Operate by and
between MICHGELBUCK (Home Davis	er) and I-10 Contracting LTD agrees to operate
and maintain Acrobic Sentic System located at 728+41	ghi Line, DK.
BIOCK 7, LOT 9 (legal description paly).	Permit#
For the period of months beginning 2025 and enting	2027 pursuant of the terms listed above.
BOME OWNER	110 Contracting LTD
Michael Buck	Rickey L. Fischer 516 N 1016
728 FLIGHT LINE DE	FO. Box 217 NP0001769
Spring Branch TX 78070	Naison, Texas 78352
X of hardan & Such	351.729.5355
X TILLIA BUS)	1/2

IMPORTANT: This warming/service agreement does not cover additional service calls or any labor and/or maintain/other then items covered by warranty) which are required; due to misuse or abuse of the system; workmanship and materials provided by anyone other than 110 Contracting LTD or its representatives; failure to maintain cleritical power to the system recture thouse exceeding the organic design capabilities; disposed of sunbindenced and the instantial cleritical power to the system rectured any the authorized association.

ON-SITE SEWAGE FACILITY Soil Evaluation Report Information

Date So	oil Survey P	erformed: _		5/13/2025	5			
Site Loc	cation:	**************************************		728 Flightline	e Drive			
Name of Site Evaluator: Hoyt Seidens				sticker	Registration	Number:	OS0008771	
Propose	ed Excavati	on Depth: _		6 inches		_County:		Comal
Requirements:							andria dan Sarjang Bardasan Sarjang dan panggan pan	
	At least tw	o soil excavat	ions must be pe	rformed on the	site, at opposite end	s of the propos	ed dispos	al area.
Location of soil boring or dug pits must be shown on the								
					med to a depth of at I	east two feet b	elow the p	proposed excavation
			osal, the surface					
Describe each soil horizon and identify any restrictive feature on the form. Indicate depths where features appear. Soil Boring Number 1								tures appear.
				1	Drainage			
	Depth (feet)	Texture Class	Soil Structure	Gravel Analysis	(Redox Features/ Water Table)	Restrictive Horizon		vations (color, nsistence)
	0	111	Clay loam	<30%	none	HONZON		Brown
	1 12 in	111	Clay loam	<30%	none			1
	2		l oldy loan	13070		Crea	im with ca	lcareous material
	3 36 in							
			rock			yes, rock		
	4					Selection and the selection of the selec		
	5				<u> </u>		- Commence of the Commence of	
	Soil Boring	g Number		2	Drainage	Г		
	Depth (feet)	Texture Class	Soil Structure	Gravel Analysis	(Redox Features/ Water Table)	Restrictive Horizon		vations (color, nsistence)
	0	III	Clay loam	<30%	none			Brown
	1	III	Clay loam	<30%		crea	m with ca	Icareous material
	2 12 in				and the state of t			indicate material
	3		rock			yes, rock		
	4 36 in					you, rook		
	5							
	E-moral de la constante de la		L		Features of	Site Are	a	
Presence	e of 100 ye	ar flood zone	•		YesNo x			
Presence	e of adjace	nt ponds, str	eams, water im	provements	YesNo_x			
Existing	or proposed	d water well i	in nearby area		YesNo_x_			
Organize	ed sewage :	service avail	able to lot or tra	act	YesNo_x_			
Recharg	e feature w	ithin 150 fee	t		Yes No_x_			
By my sign	nature, I herby	certify that the	information provid	led in this report	is based on my site obs	ervations and ar	e accurate	to the best of my ability.
I understar	nd that any mi	srepresentation	of the information	contained in thi	s report my be grounds	to revoke or sus	pend my lic	ense. The site evaluation
determined	d the site is su	itable for a	Drip Irrigation		disposal system with	P	Nerobic un	treatr
					y of Table XIII has been	given to the pro	perty owne	r to inform them of
	Ha	apon the resul	t of this site evalue	ution	8-21-25			
Signatu	ire of Site	Evaluator	0		Date			

ON-SITE SEWAGE FACILITY Site Evaluation Report Information

Date: 5/13/2025	Site Evaluator Information:
Applicant Information:	Name: Hoyt Seidensticker
Name: Michael and Sheridan Buck Rvcbl Trust	License OS0008771 Expires 8/31/2026
Address: 728 Flightline drive	Company: Land Stewardship Services, LLC
City: Spring Branch State: Texas Zip 78070	Address: 124 Bristow Way
Phone: Rickey 210-365-0857	City: Boerne State: Texas Zip: 78006
Property Location:	Phone: (210) 414-6603
Lot:9 Block7	Email hoyt@landstewardshipservices.com
Sub.: Kestral Air Park	Installer information:
Street/Road Address: 728 Flightline Drive	Name: Rickey Fischer OS0022286
City: Spring Branch State: Texas Zip: 78070	Company: I-10 Contracting, Ltd.
Unincorporated Area? Y or N	Address: P.O. Box 217
Additional information	City: Fulton State: Texas Zip: 78358
	Phone: (210) 365-0857 Fax:
easements, water lines, and other surface improvements of Location of existing or proposed water wells within 150 feet Indicate slope or show contour lines from the structure to the absorption or irrigation area. Location of soil borings or dug pits (show location with rest Location of natural, constructed, or proposed drainage way high tide of salt water bodies) water impoundments areas,	et of property. the farthest location of the proposed soil pect to a known reference point). ys, (streams, ponds, lakes, rivers.
SITE DRAW	/ING Lot Size: 0.996 acres
SEE ATTACHED	
Signature of Site Evaluator Hort Redent	Site Evaluator License No OS0008771

CCEO COPY

Preliminary Field Check For Drip Systems

INSPECTOR: Hendry

COMMENTS: Probing in the area of the proposed drip field showed an average of 3" of soil above a restrictive

horizon





10/13/2025 4:16 PM Aerobic with Drip Irrigation System

ON-SITE SEWAGE FACILIT DESIGN CRITERIA

Brandon Mark Olvera 10/20/2025 4:18:10 PM

Michael and Sheridan Buck RVCBL Trust

House Information No. of Bedrooms:	
No. of Bedrooms:	
Sq. footage (Approx.): 5891	
	S
Size of Supply line (in): 3 or 4	No.
Size of supply and flush line (in): 1 Required linear foot of tubing: 1200 Linear feet of tubing installed: 1360	
	Water Supply: Gallons per day Supply Line from House Length of supply line (approx. ft.): Type of supply line: Size of Supply line (in): Supply Line to Drip Irrigation Manifold Length of supply line (approx. ft): Type of supply line: Purple SCH 40 Size of supply and flush line (in): 1 Required linear foot of tubing: 1200

All design criteria is in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 29, 2016). 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.

Hoyt Seidensticker, R.S. No. 3588

Date

Land Stewardship Services, LLC, 124 Bristow Way, Boerne, Texas 78006 Cell (210) 414-6603. hoyt@landstewardshipservices.com

Effective Immediately: If any change(s) are made that require a revision to this design, a \$150.00 fee will be assessed. This includes,

but not limited to, change(s) in the house size, number of bedrooms, location of house or one type of system to another.

10/6/2025 10:11 AM Aerobic with Drip Irrigation System

ON-SITE SEWAGE FACILITY DESIGN CRITERIA

Received
Brandon Mark Olvera
10/13/2025 2:46:40 PM

Michael and Sheridan Buck RVCBL Trust

A class 1 residential aerobic treatment unit will be designed for this home. Wastewater from the home will flow to the pretreatment tank of the aerobic unit. From the pretreatment tank, effluent will flow to the treatment unit. Treated effluent will then flow to the pump tank for disposal through subsurface drip irrigation. All warning systems shall be installed with the aerobic unit.

Field loading Rates and Distribution

All flow from the treatment compartment of the aerobic unit will flow into a pump tank.

The pump tank will be equipped with a submersible pump. The pump will dose the single zone.

A filtering device capable of filtering particles large than 100 microns and that meets the manufactures requirements must be installed on the supply line

A pressure release bypass valve can be installed, by the installer, if desired on the supply line in the pump tank.

A Ball Valve must be installed on the return lines for pressure adjustment.

A pressure gauge must be installed on the return line to allow for monitoring of the pressure in the drip lines.

Ultra Air Release-Vacuum Breaking Valve or equivalent need to be installed in each zone at the highest point of both supply and return manifolds.

The area of the drip tubing will need to be shaped by the installer. The area will need to be leveled before installing the drip tubing. The drip tubing needs to be installed as level as possible.

Drip lines are to be placed on 2 ft centers and tied into a pressure manifold at one end and a return manifold which is run back to the pump tank for continuous flushing of the drip lines. A pressure gage and control valve on the return line at the pump tank is to be set at 35 psi, which maintains a minimum required pressure of the drip emitters. The drip lines will be flushed continuously when the pump doses the drip field. The drip lines will be continuously flushed.

All design criteria is in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 29, 2016). 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.

Hoyt Seidensticker, R.S. No. 3588

Date

Land Stewardship Services, LLC, 124 Bristow Way, Boerne, Texas 78006

Cell (210) 414-6603,

hoyt@landstewardshipservices.com



10/6/2025 10:11 AM Aerobic with Drip Irrigation System

ON-SITE SEWAGE FACILITY DESIGN CRITERIA

Received
Brandon Mark Olvera
10/13/2025 2:46:46 PM

Michael and Sheridan Buck RVCBL Trust

If the drip lines are laid on top of the native soil and the native soil is scarified then a minimum of 6 inches of class II sandy loam or class III clay loam must be placed over the drip lines.

The drip lines will be laid on two foot centers and parallel with the contour of the land. The drip lines will not be laid perpendicular with the slope. The drip lines will then be covered with a minimum of 6 inches of the material.

Then entire area where the drip lines have been installed or disturbed, must be sodded with a type of vegetative cover or seeded curlex installed or seeded then a curlex blanket laid over the area or an equivalent county approved method of cover that is considered a high water user prior to system operation.

A maintenance contract for the entire system must be established at time of installation with someone holding a license to maintain the install aerobic system.

All tanks must have inspection or cleanout ports located on the tank top over all inlet and outlet devises. Each inspection or cleanout port must be offset to allow for pumping of the tank. The ports may be configured in any manner as long as the smallest dimension of the opening is at least 12 inches, and large enough to provide for maintenance and equipment removal. All inspection and cleanout ports shall have riser over the port openings, which extend to two inches above grade. A secondary plug, cap, or other suitable restraint system shall be provided below the riser cap to prevent tank entry if the cap is unknowingly damaged or removed

The risers shall have inside diameters which are equal to or larger than the inspection or cleanout ports. Risers must be permanently fastened to the tank lid or cast into the tank. The connection between the riser and the tank lid must be watertight. Risers must be fitted with removable watertight caps and protected against unauthorized intrusions by either a padlock, a cover that can be removed with specialized tools, a cover having a minimum net weight of 29.5 kilograms (65 pounds) set into a recess of the tank lid, or another means approved by the executive director. Risers and riser caps exposed to sunlight must have ultraviolet light protection. Risers must be able to withstand the pressures created by the surrounding soil.

All changes or modifications made to design must be approved by the below signed designer.

Hoyt Seidensticker, R.S. No. 3588

Date

Land Stewardship Services, LLC, 124 Bristow Way, Boerne, Texas 78006

Cell (210) 414-6603,

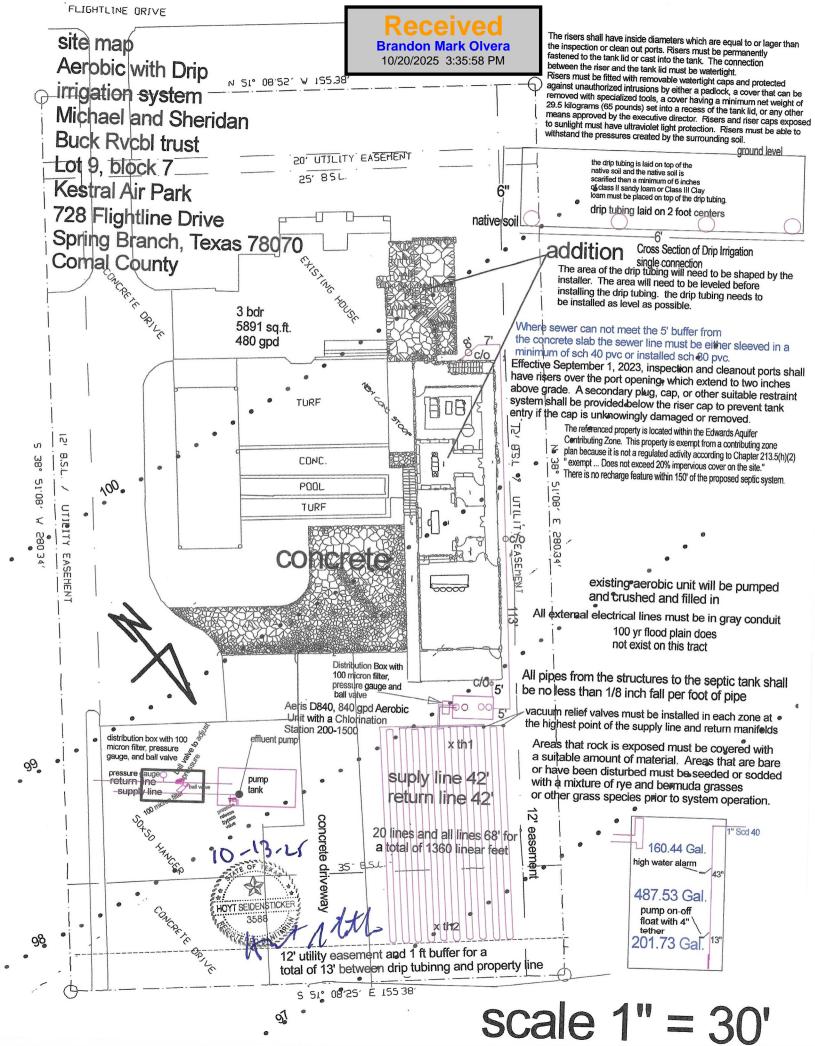
hoyt@landstewardshipservices.com

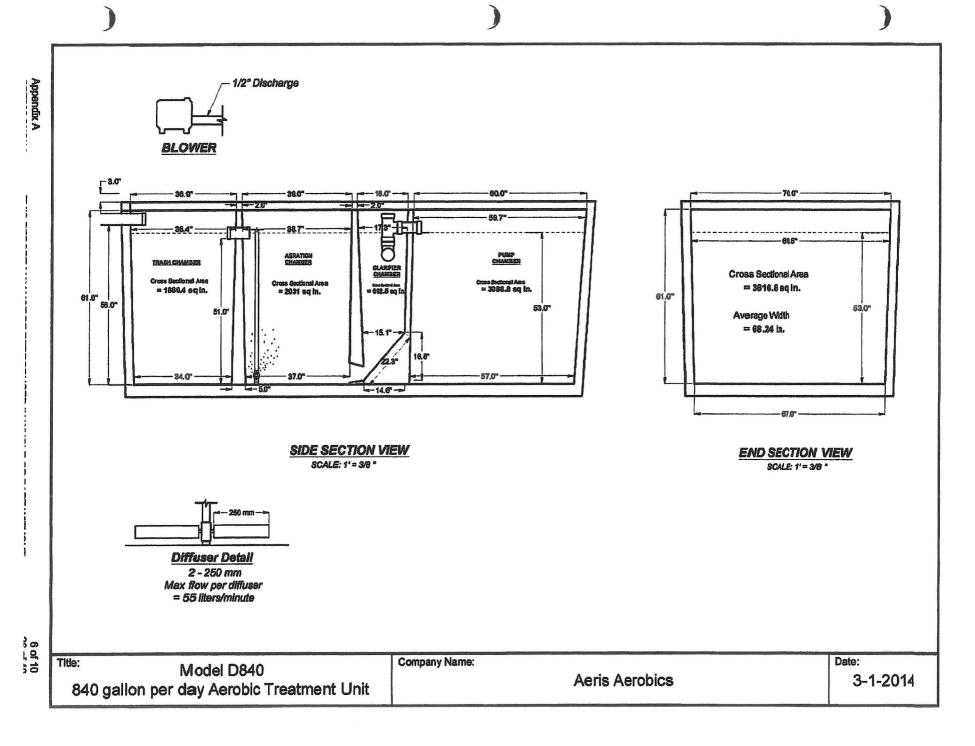
Michael and Sheridan Buck RVCBL Trust

Received
Brandon Mark Olvera
10/13/2025 2:46:55 PM

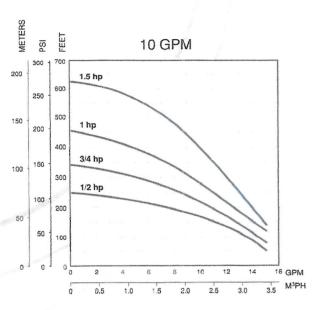
	Gallons per Day	400
	Application Rate (gal/sq. ft/day)	480
	Square footage required	0.2
	Feet between Lines	2400
	Feet between emitters	2
	Number of zones	2
		1
	Linear feet of dripline	1360
	Number of emitters	680
	Linear Feet of Tubing Per Zone	1360
	Type of emitters	Pressure compensating
	Determine drip field pressure (psi)	35
	Feet of head pressure	80.85
	gph/emitter	0.61
	gallons per minute per Zone	6.9
	gallons per hour	414.8
	minutes per dose	10
	Minutes Per Day Per Zone	69
	gallons per day	480
	Doses per Zone	7
	Total Doses per Day	7
	Time Between Doses in Hours	3.4
	Total Run time in Minutes	69.43105111
	Number of Connections to Manifold	5
	Linear feet of dripline per connection	272
	minimum pump capacity (gpm)	6.9
	header pipe size (inches)	1
	Pressure loss in 100 ft. pipe (psi)	1.58
	Friction head in 100 ft. of pipe (ft of head)	3.6498
Static head		
	height from pump to top of tank (ft.)	4
	Elevation increase (ft.)	1
	Total static head (ft.)	5
Friction head		
	equivalent length of fittings (ft.)	1
	Distance from pump to field (ft.)	42
	Total equivalent length of pipe (ft.)	43
	total effective head (ft.)	1.57
	head required at drip field (ft.)	80.85
	Head loss through filters or headworks (ft.)	23.10
	head loss through valves (ft.)	3.47
	Minimum total head (ft.)	108.98

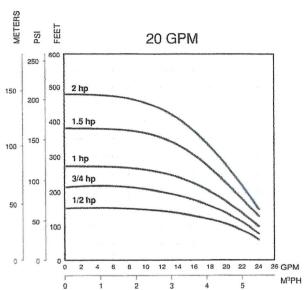






Thermoplastic Performance

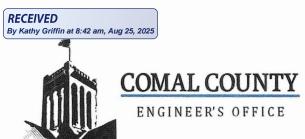




Thermoplastic Units Ordering Information

	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



Check No.

Receipt No.

OSSF DEVELOPMENT APPLICATION CHECKLIST

	ENGINEER'S OFFICE	Stafi	f will complete s	haded items
The Alle				118958
		Date Received	Initials	Permit Number
Instructions:	and a section all the section that are the French	itama that do not apply place	o "NI/A" This O	SSE Dovalopment Application
	nark next to all items that apply. For accompany the completed applicati		e N/A . Mis O	55F Development Application
OSSF Permit				
ompleted	Application for Permit for Authoriza	ation to Construct an On-Site	Sewage Facility	y and License to Opera
Site/Soil Ev	valuation Completed by a Certified	Site Evaluator or a Professio	nal Engineer	
Planning M		Pules fo	- Ch	g Materials shall o nsi
of a scaled	d all sys	S.		
Required P	Permit Se ched ch	edule		
Copy of Re	ecorde			
Surface Ap	oplicatio sic Treatment Sy			
	orded Certification of OSSF Requir	ing Maintenance/Affidavit to t	the Public	
Sign	ed Maintenance Contract with Effe	ctive Date as Issuance of Lic	ense to Operate	
	od Mamorianoo oonaad war Eno	ouvo pato de locadines el Ele		
l affirm that I h	ave provided all information requ	uired for my OSSE Dayelon	ment Annlicati	on and that this annlication
	completed OSSF Development A		ment Applicati	on and that this application
101	UMARI)	2.0	1 2m	25
N U	Signature of Applicant		July 20	Pate
-	COMPLETE APPLICATION	(M		TE APPLICATION led, Application Refeused)



ON-SITE SEWAGE FACILITY APPLICATION

195 DAVID JONAS DR NEW BRAUNFELS, TX 78132 (830) 608-2090

RECEIVED			WWW.CCEO.ORG
Date By Kathy Griffin at 8:42 am, Aug 25, 2025		Permit Number	118958
1. APPLICANT / AGENT INFORMATION		Name of the last o	
Owner Name Michael Buck + Sheridan B.	14 Revocable	le Trust	
Mailing Address 728 Flight Ihas Dr	-	1109	rt Seidensticker
City, State, Zip Spring Branch, Tx 78070	-	124 Brisha	Lilay
Phone # 1/10 \ O2/ COCT	Phone #	Boerne To 78	
Email Kmikeandsheridanbuckeanal	Email h	2104141	
Email Kmikeandsheridanbuckegmail	30m	yt@lendsterrods	lipselvins com
Subdivision Name Kestral Aurack	Unit	Lot	9 Block 7
Survey Name / Abstract Number			eage 100
Address 728 Flight Line Dr	City Spring B.		* Zip 78 27
O. THE OF DEVELOPMENT	1		
lingle Family Restated			
Type of Construct House, 1 8, RV			
lumber of Bedro			
ndicate Sq Ft of L Are			
I on-Single Family			
Planning materials manufacture dequate language for doubt	requi nd nec	s and	d disposal area)
offices, Factories, Churches, Schools, Parks, Etc Indicate estaurants, Lounges, Theaters - Indicate Number of Seats	Number Of Occupar	nts	
He tel, Motel, Hospital, Nursing Home - Indicate Number of B			
Travel Silor/DV Parks India 1	eas		
Miscellaneous			
Estimated Cost of Construction: \$_\(\frac{\psi_0,000}{\psi_0}\) (St	ructure Only)		
Is any portion of the proposed OSSF located in the United States	Army Corps of Engi	neers (LISACE) flow	
Yes No (If yes, owner must provide approval from USACE for pr	oposed OSSF improveme	ents within the USACE flo	/age easement?
Source of Water Public Private Well			wage easement)
the applie	tees need to sign cation.		
The completed application and all additional information automities to			
The completed application and all additional information submitted does n facts. I certify that I am the property owner or I possess the appropriate la property.	ot contain any faise inf nd rights necessary to	ormation and does not make the permitted im	conceal any material
Authorization is hereby given to the permitting authority and designated as	ents to enter upon the	shove described area	provenients on said
I understand that a permit of authorization to construct will not be issued a	ntil the Electricia A	above described prop	erty for the purpose of
by the Comal County Flood Damage Prevention C der. I affirmatively consent to the online posting public lease of the online pu		mustrator nas performe	ed the reviews required
I affirmatively consent to the online posting/public elease of my e-mail add	ress associated with the	his permit application,	as applicable.
Signature of Owner	29 JUL)	12025	

Date



Signature of Designer

ON-SITE SEWAGE FACILITY APPLICATION

NEW BRAUNFELS, TX 78132 (830) 608-2090 WWW.CCEO ORG

Planning Make it a course
Planning Materials & Site Evaluation as Required Completed By Hoyt Seidensticker System Description
System Description Herobic with Drip Irrigetis.
Size of Septic System Required Based on Planning Materials & Soil Evaluation
Tank Size(s) (Gallons) 840 GPO ATU Absorption/Application Area (Sq Ft) 2800
Gallons Per Day (As Per TCEQ Table III) 480
(Sites generating more than 5000 categories)
Our office will be conducting a site visit on 10-06-2025
Is the property leasted west to the state of
(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 ye, the R.S. or P.E. shall certify that the OSSF design complies with all provisions of the existing MPAP.)
is there at least one a ser single / dwe/ dwe/ () (1)? (es No
If the e is no existing V , does rope evelopment by relating to the proved W
(If yet the R.S. or P.E. standard of the R.S.
be isseled for the proposed life of the proposed li
is the property located of Adwards Con Yes No
Is the ean existing TCEO approval CZD for the
(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 TCFO approved CZP2.
III VES, IIIE K.S. OF P. Shall copyright that the OCOPy.
appropriate regional once.)
Is this property within an incorporated city?
If yes, indicate the city:
President and the second secon
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/publig release of my e-mail address associated with this permit application, as applicable.

I-10 Contracting, LTD Maintenance Contract

I-10 Contracting LTD agrees to the following:

- 1. I-10 LTD shall perform 3 inspections/service calls a year, equally distributed, for a total of 3 over the 12 month period which include inspection, adjustment, and servicing of the system components (control panel, compressor, filter, and diffuser) to insure proper function and to repair or replace any nonfunctioning
- 2. Inspections shall also include an efficient quality inspection consisting of a visual check for color, turbidity, scum overflow and examinations of odors. Testing for chlorine residual and PH will be completed and
- If unsuitable conditions cannot be corrected at the time of service the Home Owner will be advised immediately, in writing, of the problem and the estimated date of correct 4. Request for service shall be s
- acting LTD or an anthorized agent +

To maintain a chlorine residual of at least 0.1 mg/L in the septic system. This c Comal County does chlorine designed for wastewater. If the system requires

uning 202 / pursurant of the terms listed above. HOME OWNER

Michael Buck 728 FLIGHT Line Dr. Spring Branch, TX 78070

Rickey L. Fischer P.O. Box 217 Folion Texas 78358 361-720-5575

110 Contracting LTD

Include the MP number provided by TCEQ.

IMPORTANT: This warranty/service agreement does not cover additional service calls or any labor and/or materials(other than items covered by warranty) which are required; due to misme a abuse of the system; workmanship and materials provided by anyone other than IIO Contracting LTO er its representatives; failure to maintain electrical power to the system; sewage flows exceeding the organic design capabilities; disposal of nonbiodegradable materials or as advised by the authorized service representative.

285.7(d)(1)(F)

(F) indicate the business physical address and telephone number for the maintenance provider.

7/16/2025 3:46 PM Aerobic with Drip Irrigation System

ON-SITE SEWAGE FACILITY DESIGN CRITERIA

Michael and Sheridan Buck RVCBL Trust

Property Information:	House Information
St. Address: 728 Flightline drive	No. of Bedrooms:
City: Spring Branch State: Texas	Sq. footage (Approx.): 5891
Zip code:78070	Water Supply: CLWS
Predicted Quantity of Sewage (Q)	Gallons per day 480
Water Saving Devises in Home (y/n):yes	Supply Line from House
Gallons/day (Q): 480	Length of supply line (approx. ft.): 133
Greywater included (yes/no): yes	Type of supply line: SCH > PVC
	Size of Supply line (in): 3 or 4
Rate of Adsorption (Ra)	
Application rate (g/sq. ft): 0.2	Supply Line to Drip Irrigation Manifold
Minimum / rptive Ar q. ft.)	Leng sup x. ft): 42
Absorptive are stalled) 280	of sup, e: Purple SCF 40
Aerobic Unit	Siz supp nd flush l n): 1
Required size a rob /it: 840 gp	od.
Pretreatment ons): 552	
Class 1 Unit:: A del De	
Pump tank total ity (gal):	Fred Labing: 1200
Chlorination: Liquid installed in 7	Tank Linear feet of tubing installed: 1400
Pump Switch operation: Float system	
Posing cycle quantity (gals): Variety	ed
Cycling time: night ti	
Pump size and capacity: Schaefer E-Serie	es 20 GPM

All design criteria is in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 29, 2016). 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.

Hoyt Seidensticker, R.S. No. 3588

Date

Land Stewardship Services, LLC, 124 Bristow Way, Boerne, Texas 78006

Cell (210) 414-6603,

hoyt@landstewardshipservices.com

Effective Immediately: If any change(s) are made that require a revision to this design, a \$150.00 fee will be assessed. This includes,

but not limited to, change(s) in the house size, number of bedrooms, location of house or one type of system to another.

7/16/2025 3:46 PM Aerobic with Drip Irrigation System

ON-SITE SEWAGE FACILITY **DESIGN CRITERIA**

Michael and Sheridan Buck RVCBL Trust

A class 1 residential aerobic treatment unit will be designed for this home. Wastewater from the home will flow to the pretreatment tank of the aerobic unit. From the pretreatment tank, effluent will flow to the treatment unit. Treated effluent will then flow to the pump tank for disposal through subsurface drip irrigation. All warning systems shall be installed with the aerobic unit.

Field loading Rates and Distribution

All flow from the treatment compartment of the aerobic unit will flow into a pump tank.

The pump 4 k will be equipped with a submersible pump. The pump will dose the single zone

A filtering device capable of filtering particles large than 100 microns and that meets the manuactures requirements must be installed on the supply line

A pressure release the pump tank.

A Ball Valve must be

A pressure gauge mi the dro lines.

Ultra I ir Release-Vac higher point of both s

The area of the drip tubing will need to be shaped by the installer. The area will need to be leveled before a stalling the drip tubing. The drip tubing needs to be installed as level as possible.

Drip lines are to be placed on 2 ft centers and tied into a pressure manifold at one end and a return manifold which is run back to the pump tank for continuous flushing of the drip lines. A pressure gage and control valve on the return line at the pump tank is to be set at 35 psi, which maintains a minimum required pressure of the drip emitters. The drip lines will be flushed continuously when the pump doses the drip field. The drip lines will be continuously flushed.

All design criteria is in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 29, 2016). 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.

Hovt Seidensticker, R.S. No. 3588

Cell (210) 414-6603,

Land Stewardship Services, LLC, 124 Bristow Way, Boerne, Texas 78006 hoyt@landstewardshipservices.com

7/16/2025 3:46 PM Aerobic with Drip Irrigation System

ON-SITE SEWAGE FACILITY DESIGN CRITERIA

Michael and Sheridan Buck RVCBL Trust

If the drip lines are laid on top of the native soil and the native soil is scarified then a minimum of 6 inches of class II sandy loam or class III clay loam must be placed over the drip lines.

The drip lines will be laid on two foot centers and parallel with the contour of the land. The drip lines will not be laid perpendicular with the slope. The drip lines will then be covered with a minimum of 6 inches of the material.

Then entire area where the drip lines have been installed or distanced, must be souded with a type of vegetative cover or seeded curlex installed or seeded then a curlex blanket laid over the area or an equivalent county approved method of cover that is considered a high water user prior to system operation.

A maintenance of fact for the fire some estable date of the someone holding lense wints e install a lic sy h.

All ranks must have specified or deput ports to add or a tank over all it and outlet decises. Each instant or cleands art must it set now from imping tank. The port may be configured to manner as the callest tension of the configured to manner as the callest tension of tension of the callest tension of tension of the callest tension of the ca

The risers shall have inside diameters which are equal to or larger than the inspection or cleanout ports. Risers must be permanently fastened to the tank lid or cast into the tank. The connection between the riser and the tank lid must be watertight. Risers must be fitted with removable watertight caps and protected against unauthorized intrusions by either a padlock, a cover that can be removed with specialized tools, a cover having a minimum net weight of 29.5 kilograms (65 pounds) set into a recess of the tank lid, or another means approved by the executive director. Risers and riser caps exposed to sunlight must have ultraviolet light protection. Risers must be able to withstand the pressures created by the surrounding soil.

All changes or modifications made to design must be approved by the below signed designer.

Hoyt Seidensticker, R.S. No. 3588

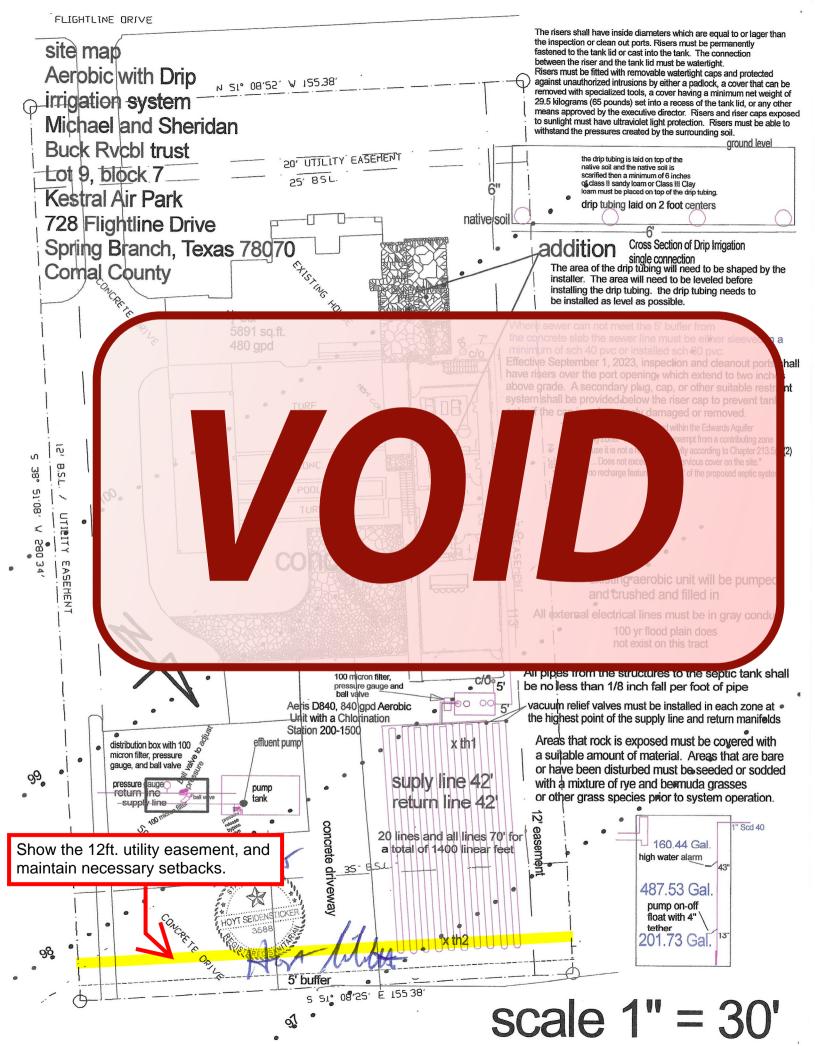
Date

HOYT SEIDENSTICKE

Land Stewardship Services, LLC, 124 Bristow Way, Boerne, Texas 78006 Cell (210) 414-6603, hovt@landstewardshipservices.com

Michael and Sheridan Buck RVCBL Trust

	College ner Day		
	Gallons per Day	480	
	Application Rate (gal/sq. ft/day)	0.2	
	Square footage required	2400	
	Feet between Lines	2	
	Feet between emitters	2	
	Number of zones	1	
	Linear feet of dripline	1400	
	Number of emitters	700	
	Linear Feet of Tubing Per Zone	1400	
	Type of emitters	Pressure compensating	
	Determine drip field pressure (psi)	35	
	Feet of head pressure	80.85	
	gph/emitter	0.61	
	gallons per minute per Zone	7.1	
	gallons per hour	427	
	minutes per dose		
	Minutes Per Day Per Zone	67	
	ons per da		
	es per Z	7	
	Dose Day	7	
	Be [*] Dose ours	3.4	
	R /ie in M	730679	
	Connecti Manifold		
	Let of dripline		
	nn pump capacity (9)		
	header pipe size (inches)	1	
	Pressure loss in 100 ft. pipe (psi)	1.58	
	Friction head in 100 ft. of pipe (ft of head)	3.6498	
Stan	Thetier flood in 100 ft. of pipe (it of fload)	3.0490	
	height from pump to top of tank (ft.)	4	
	Elevation increase (ft.)	1	
	Total static head (ft.)	5	
Friction head	rotal otatio rioda (ra)	3	
	equivalent length of fittings (ft.)		
		1	
	Distance from pump to field (ft.) Total equivalent length of pipe (ft.)	42	
	total effective head (ft.)	43	
	head required at drip field (ft.)	1.57	
		80.85	7-167
	Head loss through filters or headworks (ft.)	23.10	STATE OF TENE
	head loss through valves (ft.)	3.47	
	Minimum total hood (#)	400.00	HOYT SEIDENSTICH
	Minimum total head (ft.)	108.98	Per L. L.



195 David Jonas Dr, New Braunfels, Texas 78132 (830)608-2090

Address: 728 FLIGHTLINE DR

Legal Description: Kestral Air Park, Lot 9 Block 7

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:

118958.pdf Markup Summary 10-3-2025

Brandon Mark Olvera (6)

The second secon

Subject: Group Page Label: 2

Checkmark: Unchecked Author: Brandon Mark Olvera Date: 10/3/2025 3:34:02 PM



Both trustees need to sign the

application.



Subject: Group Page Label: 3

Checkmark: Unchecked Author: Brandon Mark Olvera Date: 10/3/2025 4:03:09 PM



Our office will be conducting a site

visit on 10-06-2025



Subject: Group Page Label: 5

Checkmark: Unchecked Author: Brandon Mark Olvera Date: 10/3/2025 3:40:45 PM



Comal County does not accept abbreviations for License to

operate.



Subject: Group Page Label: 5

Checkmark: Unchecked Author: Brandon Mark Olvera Date: 10/3/2025 3:41:11 PM



Include the MP number provided by TCEQ.

195 David Jonas Dr, New Braunfels, Texas 78132 (830)608-2090

Address: 728 FLIGHTLINE DR

Legal Description: Kestral Air Park, Lot 9 Block 7

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:



Subject: Group Page Label: 5

Checkmark: Unchecked Author: Brandon Mark Olvera Date: 10/3/2025 4:03:30 PM



285.7(d)(1)(F)

(F) indicate the business physical address and telephone number for

the

maintenance provider.



Subject: Group Page Label: 12

Checkmark: Unchecked Author: Brandon Mark Olvera Date: 10/3/2025 4:03:22 PM



Show the 12ft. utility easement, and maintain necessary setbacks.

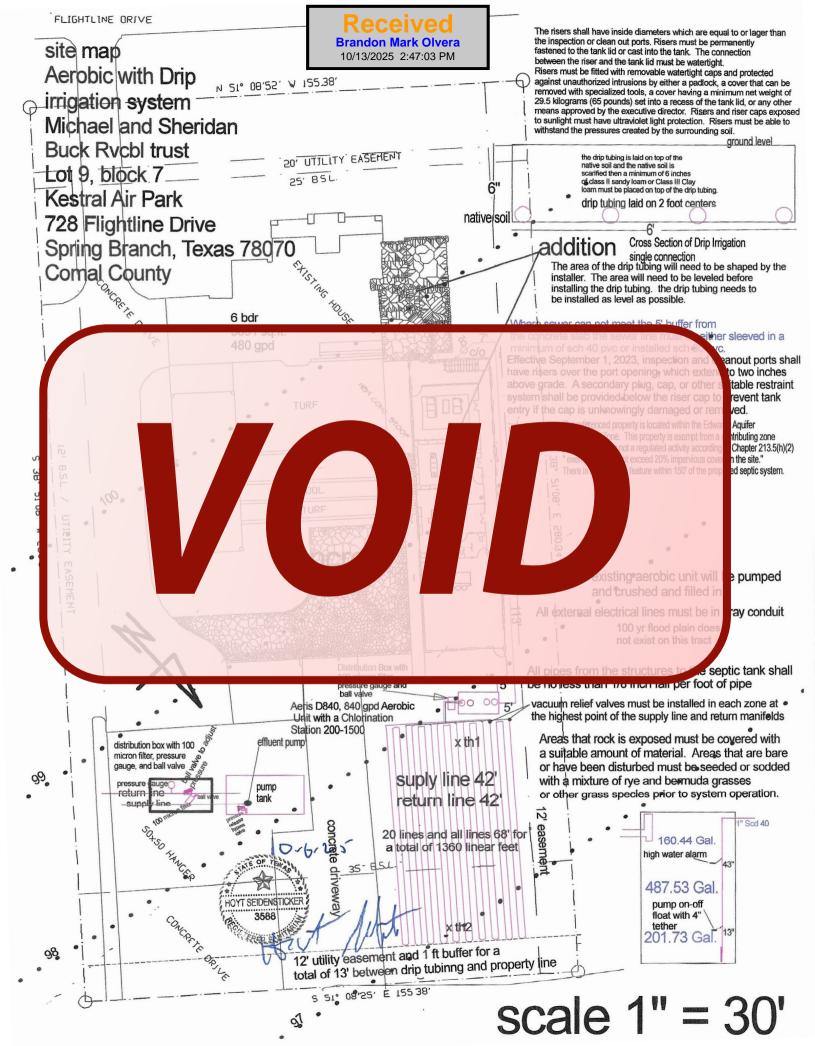
Received

Brandon Mark Olvera 10/13/2025 2:33:16 PM

E SEWAGE FACILITY APPLICATION

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

Date	Permit N	umber 118958
1. APPLICANT / AGENT INFORMATION	A	
Owner Name Michael Buck & Shenden 9.	Agent Name Coble Tru	Hout Seidentiken
Mailing Address 728 Flight like Dr	Agent Address 124 6	
City, State, Zip Spring Branch, Tx 78070	City, State, Zip Rosa	
Dhamad 1210/1 031-5857	Dhone #	10414 (1993
Email Knikeandsheridanbuckeana/	Email Lentrale	Aftersolligeruses
2. LOCATION	Com	D
Subdivision Name Kestral Air Park	Unit	Lot Block
Survey Name / Abstract Number	2 3	Acreage 1.00
Address 120 1 19 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Those was a court	and the same of th
3.7 PE OF DEVELOPMENT Single Family Residential		
Type of Construction (House, Mobile, RV, Etc.)		
Number of Bedrooms		
Indicate Sq. ving Area		
Non-Single F Resident		
(Planning mate ust sho) Jate to A for doubling	ired by eded for	ment units a sal area)
Type of Facili		
Offices, Facto Chi School ss, Etc Indic	mbe ccups	Planr //aterials
Restaurants, Least aters - Inc		and Plan show
Hatel, Motel, Harring Home	eds	O DITIO
Travel Trailer/F		
Miscellaneous		
Stimated Cost of Construction: \$		
is any action of the proposed OSSE located in the United Sta	ates Army Coms of Engineers	(USACE) flowage easements
Yes No (If yes, owner must provide approval from USACE for		hin the USACE flowage easement)
Source of Water T Public Private Well Rainwa	ter	
4. SIGNATURE OF OWNER By signing this application, I certify that:		*
 The completed application and all additional information submitted do facts. I certify that I am the property owner or I possess the appropria 	es not contain any false informat	tion and does not conceal any material
property.		
 Authorization is hereby given to the permitting authority and designate site/soil evaluation and inspection of private sewage facilities. 		
- I understand that a permit of authorization to construct will not be less by the Comal County Fluor Damage Prevention Order.	iad until the Floodplain AUMINIST	ator has performed the reviews required
- I affirmatively consent to the online posting/public release of my e-ma	il address associated with this po	ermit application, as applicable.
Khill Be	29 JULY 8	2025
X Shoudan & Buch	29 JULY 3 Date 10/06/202	Page 1 of 2 Revised January 2021
X OGORDAN IN DUCK		



195 David Jonas Dr, New Braunfels, Texas 78132 (830)608-2090

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:

118958.pdf Markup Summary 10-13-2025

Brandon Mark Olvera (1)



Subject: Group Page Label: 2

Checkmark: Unchecked Author: Brandon Mark Olvera Date: 10/13/2025 2:41:26 PM



Planning Materials and Site Plan

show 6 bedrooms

10/6/2025 10:11 AM Aerobic with Drip Irrigation System

etreatment Ta

mp tank total ca

Class 1 A

ON-SITE SEWAGE FA

Received

Brandon Mark Olvera

10/13/2025 2:46:36 PM

Property Information: Michael and Sheridan Buck F

House Information St. Address: 728 Flightline drive No. of Bedrooms: 6 City: Spring Branch State: Texas Sq. footage (Approx.): 5891 Zip code: 78070 Water Supply: **CLWS** Predicted Quantity of Sewage (Q) Gallons per day 480 Water Saving Devises in Home (y/n): Supply Line from House yes Gallons/day (Q): 480 Length of supply line (approx. ft.): 133 PVC e of Adsorption (Ra) Supply Line to Drip Irrigation Manifold Minimum Ad At sorptive area Acrobic Unit Required size of

Pump size and capacity: Schaefer E-Series 20 GPM

mormation: Liquid installed in rank

All design criteria is in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 29, 2016). 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.

Hoyt Seidensticker, R.S. No. 3588

Date

0-6-25

Linear reet of tubing installed

PATERIA

Land Stewardship Services, LLC, 124 Bristow Way, Boerne, Texas 78006
Cell (210) 414-6603, hoyt@landstewardshipservices.com

Effective Immediately: If any change(s) are made that require a revision to this design, a \$150.00 fee will be assessed. This includes,

but not limited to, change(s) in the house size, number of bedrooms, location of house or one type of system to another.

CCEO COPY



Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate

On-site Sewage Treatment and Disposal Facility

Date Issued: 8/11/2011

Permit Number: 93240

Location Description:

728 Flightline Drive, Spring Branch, TX 78070

Lot 9, Block 7, Kestrel Air Park Subdivision

Type of System:

Aerobic Treatment with Surface Irrigation Discharge

License issued to:

Benjamin/Amy Armen

This license is authorization for the owner to operate and maintain a private facility at the location described in accordance to the rules and regulations for on-site sewerage facilities of Comal County, Texas, and the Texas Natural Resource Conservation Commission.

The license grants permission to operate the facility. It does not guarantee successful operation. It is the responsibility of the owner to maintain and operate the facility in a satisfactory manner.

Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the facility has not been remodeled and is functioning properly.

Licensing Authority

Comal County Environmental Health

0S0023773

ENVIRONMENTAL HEALTH INSPECTOR

ANTHONIA THE ALTHONOODIA

This "License-Operate" report was printed on 8/11/2011 by: Comal County Environmental Health, , operator, using CASST Ver. 2.1

93 RECEN

RECEIVED

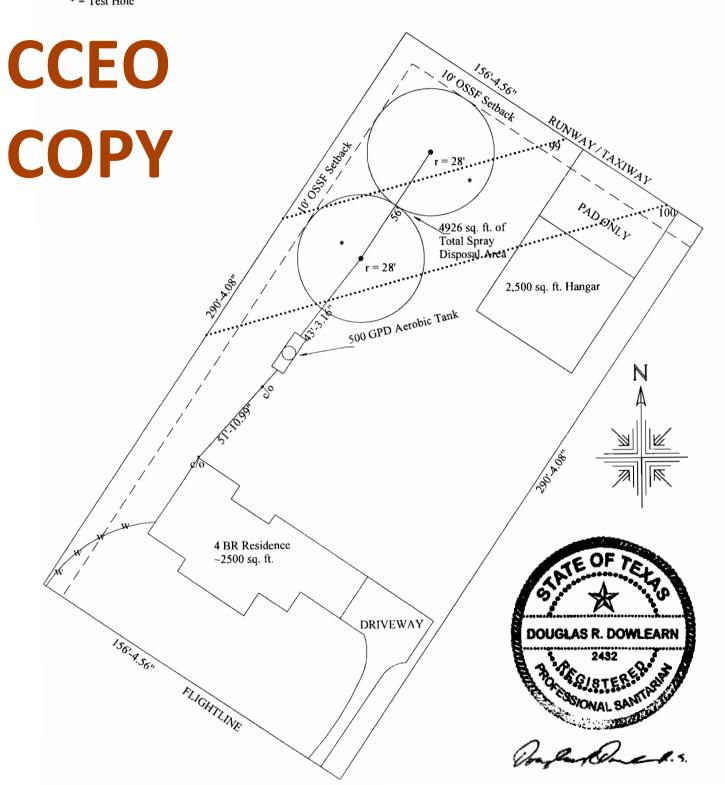
APR 12 2011

COUNTY ENGINEER

REVISED

Benjamin & Amy Kathleen Armen 728 Flightline Drive Lot 9, Block 7, Kestrel Air Park ~1 Acres / Comal County 1" = 40'

* = Test Hole



Comal AD Property Search

Property Details

Account

Property ID:

32999

Geographic ID: 250360007300

Type:

R

Zoning:

Property Use:

Location

Situs Address:

728 FLIGHTLINE DR SPRING BRANCH, TX 78070

Map ID:

5E

Mapsco:

Legal Description:

KESTREL AIR PARK, BLOCK 7, LOT 9

Abstract/Subdivision:

250360

Neighborhood:

(384A502) KESTRAL AIR PARK - RUNWAY LOTS

Owner

Owner ID:

1100615

Name:

BUCK MICHAEL & SHERIDAN RVCBL TRST

Agent:

170201

Mailing Address:

MICHAEL A & SHERIDAN H BUCK TR

728 FLIGHTLINE DR

SPRING BRANCH, TX 78070

% Ownership:

100.0%

Exemptions:

HS -

For privacy reasons not all exemptions are shown online.

Property Values

	5,940 (+)
Improvement Non-Homesite Value:	\$0 (+)
	,000 (+)
Land Non-Homesite Value:	\$0 (+)
Agricultural Market Valuation:	\$0 (+)

Market Value:

\$886,940 (=)

Agricultural Value Loss: @

\$0 (-)

3/10



202406001623 01/18/2024 02 27:23 PM 1/3

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

STATE OF TEXAS

8 80 80

COUNTY OF COMAL

THAT MICHAEL A. BUCK (also known as MICHAEL A. BUCK, SR.) and SHERIDAN H. BUCK, of Comal County, Texas (hereinafter referred to jointly as "Grantor"), for and in consideration of the sum of TEN and NO/100 DOLLARS (\$10.00) cash and other good and valuable consideration in hand paid by MICHAEL A. BUCK and SHERIDAN H. BUCK, Co-Trustees of the MICHAEL AND SHERIDAN BUCK REVOCABLE TRUST (hereinafter referred to as "Grantee"), such trust having been established under that certain revocable trust agreement dated October 10, 2023, by and between MICHAEL A. BUCK and SHERIDAN H. BUCK, as settlors and as co-trustees, have GRANTED, SOLD and CONVEYED, and by these presents do GRANT, SELL and CONVEY unto Grantee, all of Grantor's interest in and to the following real property together with all improvements situated thereon (such interest is hereinafter referred to as "Subject Property"):

Lot 9, Block 7, KESTREL AIR PARK, a subdivision in Comal County, Texas, according to the Map and Plat thereof recorded in Volume 12, Page 314, Map and Plat Records, Comal County, Texas.

Grantor does hereby convey the Subject Property together with all rights, titles and interests of Grantor in and to any roads, easements, streets and rights-of-way within, adjoining, adjacent or contiguous to the Subject Property, and all condemnation awards, reservations and remainders, and together with each and every right, privilege, hereditament and appurtenance in anywise incident or appertaining to the Subject Property. The term Subject Property shall refer to and include the property described in this paragraph.

The conveyance made hereby, and the warranties made hereunder, are made by Grantor and accepted by Grantee subject to the following matters, to the extent same are in effect at this time: any and all restrictions, covenants, conditions, liens, encumbrances, reservations, easements, and other exceptions to title, if any, relating to the Subject Property, but only to the extent they are still in force and effect and shown of record in Comal County, Texas, and to all zoning laws, regulations and ordinances of municipal and/or other governmental or quasi-governmental authorities, if any, relating to the Subject Property and to all matters which would be revealed by an inspection and/or a current survey of the Subject Property.

TO HAVE AND TO HOLD the Subject Property, to the extent conveyed hereby, subject to the terms and provisions contained herein, together with all and singular the rights and appurtenances thereto in anywise belonging unto Grantee and Grantee's heirs, executors, administrators, personal representatives, successors and assigns forever; and Grantor does hereby and assigns to warrant and forever defend all and singular the Subject Property, to the extent conveyed hereby, unto Grantee and Grantee's heirs, executors, administrators, personal representatives, 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.

The revocable trust agreement described above provides that Grantor has right to use and occupy real or personal property owned by such trust as Grantor's principal residence rent free, without charge, and at no cost (other than the payment of taxes and other costs and expenses specified in the revocable trust agreement or ordered by a court) for life or until such trust is revoked or terminated, whichever occurs first. Grantor intends to qualify the Subject Property as Grantor's residential homestead for ad valorem tax purposes by causing the trust which owns such property to be a "qualifying trust" as defined and described in Section 11.13(j) of the Texas Tax Code and in Section 41.0021 of the Texas Property Code.

Taxes for the current year have been prorated and are assumed by Grantee.

EXECUTED on OCTOBER 1074 , 2023.

MICHAEL A. BUCK, Grantor

SHERIDAN H. BUCK, Grantor

STATE OF TEXAS COUNTY OF BEXAR

Ş

_, 2023,

Notary Public, State of Texas

