COMAL COUNTY

ENGINEER'S OFFICE

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

Permit Number:	118965
Issued This Date:	10/23/2025
This permit is hereby given to:	KENNETH J. FIEDLER

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

2459 BAY HILL
CITY OF BULVERDE, TX 78163

Subdivision:	BULVERDE ESTATES
Unit:	1
Lot:	27
Block:	0
Acreage:	2.1300

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System:	Aerobic
	Surface Irrigation

This permit gives permission for the construction of the above referenced on-site facility to commence. Installation must be completed by an installer holding a valid registration card from the Texas Commission on Environmental Quality (TCEQ). Installation and inspection must comply with current TCEQ and Comal County requirements.

Call (830) 608-2090 to schedule inspections.

RECEIVED
By Kathy Griffin at 9:21 am, Aug 25, 2025

COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Date July 29, 2025 Permit Number 118965

1. APPLICANT / AGENT INFORMATION

Owner Name	KENNETH J. FIEDLER	Agent Name	GREG JOHNSON, P.E.
Mailing Address	2459 BAY HILL	Agent Address	170 HOLLOW OAK
City, State, Zip	BULVERDE TEXAS 78163	City, State, Zip	NEW BRAUNFELS TEXAS 78132
Phone #	210-275-6247	Phone #	830-805-2778
Email	kennethfiedler@gvtc.com	Email	gregjohnsonpe@yahoo.com

2. LOCATION

Subdivision Name BULVERDE ESTATES Unit 1 Lot 27 Block

Survey Name / Abstract Number Acreage

Address 2459 BAY HILL City BULVERDE State TX Zip 78163

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 4

Indicate Sq Ft of Living Area 3000

☐ Non-Single Family Residential

(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)

Type of Facility

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants

Restaurants, Lounges, Theaters - Indicate Number of Seats

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds

Travel Trailer/RV Parks - Indicate Number of Spaces

Miscellaneous

Estimated Cost of Construction: $ EXISTING (Structure Only)

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

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

Source of Water ☐ Public ☒ Private Well ☐ Rainwater Collection

4. SIGNATURE OF OWNER

By signing this application, I certify that:

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

Signature of Owner Date 8/15/25

Revised January 2021

#118965

Revised
Efrain Gallegos
11/04/2025 3:18:38 PM

BULVERDE ESTATES, UNIT 1, LOT 27

COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) EXISTING 900 GAL (PRE 1989)+ CLEARSTREAM 600NU **Absorption/Application Area (Sq Ft)** 4825

Gallons Per Day (As Per TCEQ Table III) 300

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

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

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

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

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

Is there at least one acre per single family dwelling as per 285.40(c)(1)? ☒ Yes ☐ No

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? ☐ Yes ☒ No

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

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

Is there an existing TCEQ approval CZP for the property? ☐ Yes ☒ No

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

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? ☐ Yes ☒ No

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

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

If yes, indicate the city: BULVERDE

STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED
PROFESSIONAL ENGINEER

FIRM #2585

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

Signature of Designer

August 5, 2025
Date

PLANNING & DEVELOPMENT SERVICES DEPARTMENT
30360 Cougar Bend
Bulverde, TX 78163
Office (830) 438-3612
Fax (830) 438-4339

September 19, 2025

Comal County Environmental Health
ATTN: Efrain Gallegos
195 David Jonas Drive
New Braunfels, TX 78132

Hello Efrain,

The City of Bulverde has received a request for a Release for Septic from Kenneth J. Fiedler Jr. for the replacement of an existing On-Site Sewage Facility (OSSF) at **2459 Bay Hill.**

In accordance with the Interlocal Agreement between Comal County and City of Bulverde dated July 2008, the City of Bulverde shall provide a release for septic letter to Comal County prior to the County's issuance of a septic permit.

The subject property is not required to obtain a building permit for the proposed scope of work, and no building permits exist on file for this property. Therefore, the City of Bulverde has no objection to the release of the permit to the applicant and recommends the release of the permit.

You may contact me via email at ccardenas@bulverdetx.gov or by telephone at (830) 380-3037 if you have any questions.

Respectfully,

Claudia Cardenas
City of Bulverde
Planning & Development Services Department

AFFIDAVIT

THE COUNTY OF COMAL
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

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

II

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

1 (UNIT/PHASE/SECTION) _____ BLOCK 27 LOT BULVERDE ESTATES SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by (Insert owner's full name): KENNETH J. FIEDLER

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 15 **DAY OF** August **,20** 25

KENNETH J. FIEDLER

Owner(s) signature(s) — Owner (s) Printed name (s)

Kenneth Fiedler **SWORN TO AND SUBSCRIBED BEFORE ME ON THIS** 15 **DAY OF** August **,20** 25

Notary Public Signature

JESSICA DESMOND NOTARY PUBLIC STATE OF TEXAS ID 135517918 EXP. 05-28-2029

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
08/22/2025 10:59:47 AM
MARY 1 Pages(s)
202506026993

Bobbie Koepp

Revised
Efrain Gallegos
10/22/2025 2:49:09 PM

Centex Hydro-Flo, Inc. & "Bulverde Electro Septic Tech"
P.O. Box 372
Bulverde, TX 78163 830-438-7329
Carl A Scheel Maint provider # MP0000014
Justin Scheel Maint provider # MP0002046

30453 PICKLE
BULVERDE, TX 78163

AEROBIC INITIAL SERVICE POLICY

Printed Date:
8/19/2025

BILL TO	SEPTIC SYSTEM LOCATION
Ken Fiedler 2459 Bay Hill Bulverde, TX 78163	Ken Fiedler 2459 Bay Hill Bulverde, TX 78163 House

Aerobic Manufacturer	Permit #	Authorized Agent:	Contract Date:
Clearstream		Comal County	2025-2027

DESCRIPTION

We agree to provide a two-year initial service policy which will provide for inspection and service of your AEROBIC TREATMENT PLANT.

The effective date of this initial maintenance contract shall be the date the License to Operate is issued.
The policy will include the following:
The Owner shall provide unhindered access to the property (padlock key or combination is acceptable) in order to perform the duties of this contract. If there are any pets that could potentially present a safety issue, it is the homeowners responsibility to notify us & make the necessary arrangements for safe entry. Any extra trips to perform the duties of this contract caused by a lack of or miscommunication will be done and the home owner shall be responsible for the cost of an extra service call.

1. Six inspection/service calls at least one (1) every four (4) months) over the two (2) year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting the control panel, air pump, air filters, diffuser operation, and cleaning, replacing or repairing any component not found to be functioning correctly due to normal use. Spray heads and or any component showing signs of damage or abuse will be repaired and the home owner will be responsible for the cost of the repair.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors.
3. If any malfunction is observed, which cannot be corrected at that time, you shall be notified immediately of the conditions and the estimated date of correction.
4. The Homeowner/ Tenant is responsible for the maintaining of chlorine in the system for the purpose of disinfection.
5. Response Time: Problems are to be reported to the phone number above, response time will be within 48 hours.

Owner/ user operation instructions must be strictly followed or warranties are subject to invalidation.

Notice: Alterations to this permit include but are not limited to:
- Increase in the square feet of living area
- Increase in the number of bedrooms
- A change of use (i.e. residential to commercial)
- Relocation of system components (including the relocation of spray heads)
- Installation of landscaping or sprinkler system
- Adding a structure or pool near the system components.

Any alteration may require a new permit.

It is the responsibility of the owner to apply for a new permit if applicable.

The cost of repairs, or replacement of equipment not under warranty, or pumping sludge build-up from the system, if necessary, is not included in this policy.

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

Service Dealer: Centex Hydro-Flo, Inc. & "Best" (Bulverde Electro Septic Tech).
Responsible Party: Justin Scheel "TCEQ" # MP0002046 or Carl Scheel MP0000014

Owner Signatures

ON-SITE SEWERAGE FACILITY
SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: **August 04, 2025**

Site Location: **BULVERDE ESTATES, UNIT 1, LOT 27**

Proposed Excavation Depth: **N/A**

Requirements:

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

SOIL BORING NUMBER **SURFACE EVALUATION**

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 1 2 (14") 3 4 5	**III**	**CLAY LOAM**	**N/A**	**NONE OBSERVED**	**LIMESTONE @ 14"**	**BROWN**

SOIL BORING NUMBER **SURFACE EVALUATION**

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 1 2 3 4 5	**SAME**		**AS**		**ABOVE**	

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

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

08/04/25
Date

Revised
Efrain Gallegos
11/04/2025 3:18:42 PM

O[illegible] SOIL EVALUATION REPORT INFORMATION

Date: August 05, 2025

Applicant Information:

Name: KENNETH J. FIEDLER
Address: 2459 BAY HILL
City: BULVERDE State: TEXAS
Zip Code: 78163 Phone: (210) 275-6247

Site Evaluator Information:

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

Property Location:

Lot 27 Unit 1 Blk ___ Subd. BULVERDE ESTATES
Street Address: 2459 BAY HILL
City: BULVERDE Zip Code: 78163
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 6 to 10 %

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

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = _____ GPD _____

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

Number of Bedrooms the septic system is sized for: 4 Total sq. ft. living area 3000

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

Q = (4 +1)*75-(20%)= 300

Trash Tank Size 900 + 400 Gal.

TCEQ Approved Aerobic Plant Size 600 G.P.D.

Req'd Application Area = Q/Ri = 300 / 0.064 = 4688 sq. ft.

Application Area Utilized = 4825 sq. ft.

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

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

Pump Tank Size = 820 Gal. 13.15 Gal/inch.

Reserve Requirement = 100 Gal. 1/3 day flow.

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

With Chlorinator NSF/TCEQ APPROVED

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

Two way cleanout

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

1" Sch-40 PVC discharge manifold

APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

EXPOSED ROCK WILL BE COVERED WITH SOIL .

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

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

08/05/25
DATE

STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED
PROFESSIONAL ENGINEER

FIRM #2585

Revised
Efrain Gallegos
11/04/2025 3:23:59 PM

Outlook

Re: 2459 BAY HILL - FIEDLER #118965

From Greg Johnson <gregjohnsonpe@yahoo.com>
Date Tue 11/4/2025 2:34 PM
To Gallegos,Efrain <gallee@co.comal.tx.us>; Ritzen,Brenda <rabbjr@co.comal.tx.us>
Cc Carl Scheel <besdocs@gvtc.com>; Justin Scheel <jcs2005@yahoo.com>

1 attachment (963 KB)
2459 BAY HILL - FIELDER #118965 REV.pdf;

REVISED TO USE EXISING TANK FROM PRE -1989 INSTALL.
TANK WAS PUMPED AND INSPECTED AND IN GOOD WORKING CONDITION.
TANK IS IN COBBLE STONE PATHWAY.
NO SLEEVING REQUIIRED.
THANKS,
GREG

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

170 Hollow Oak

New Braunfels, TX 78132

Office/Fax (830) 905-2778

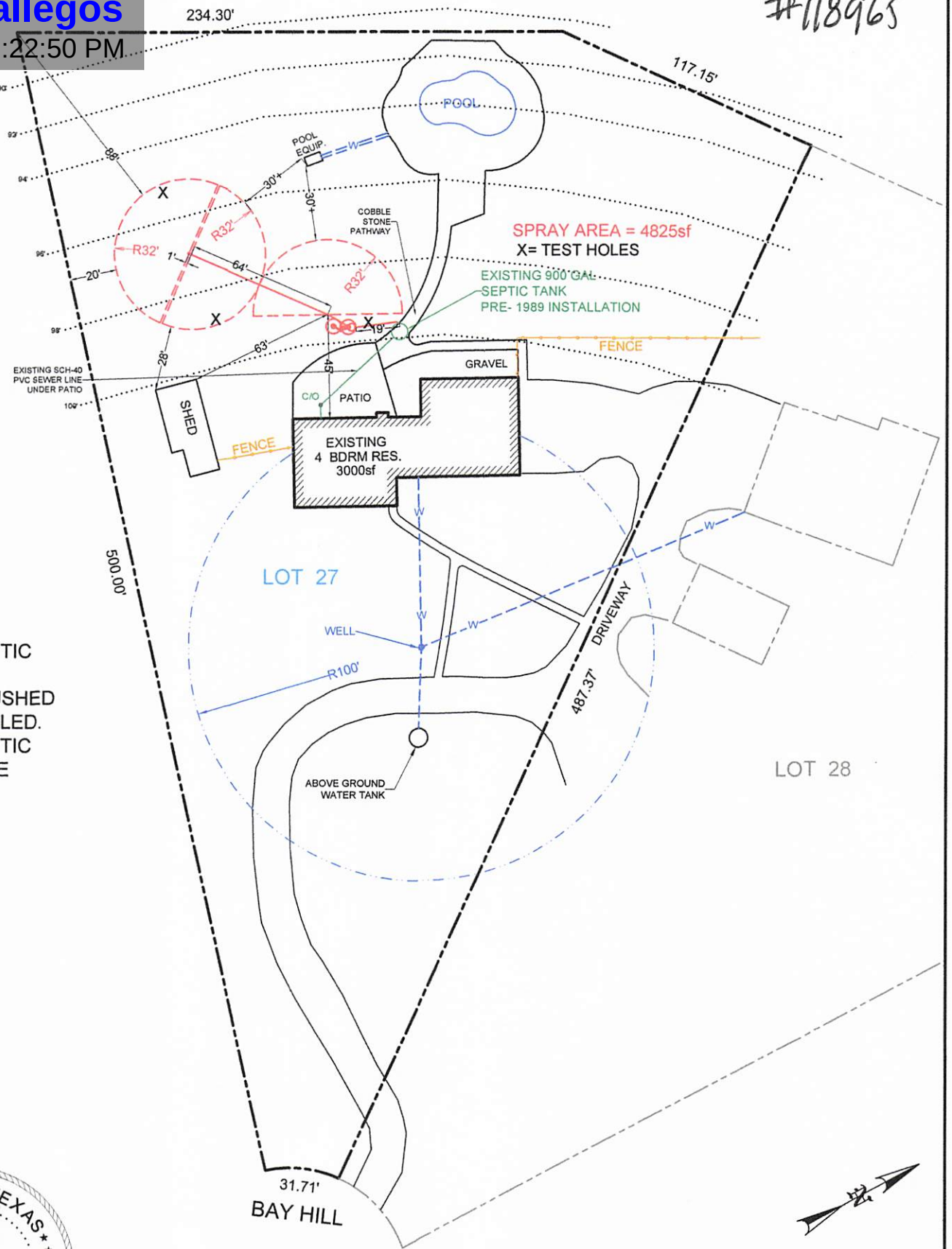
Email: gregjohnsonpe@yahoo.com

On Friday, September 19, 2025 at 12:50:05 PM CDT, Greg Johnson <gregjohnsonpe@yahoo.com> wrote:

REVISED TO SHOW:
1. Bulverde already responded to building permit not required.
2. Added maintenance providers physical address to maintenance.
3. Existing Sch-40 PVC under patio and letter addressing it.
4. Attached deed for Lot 27.
Thanks,

Revised
Efrain Gallegos
11/04/2025 3:22:50 PM

#118965

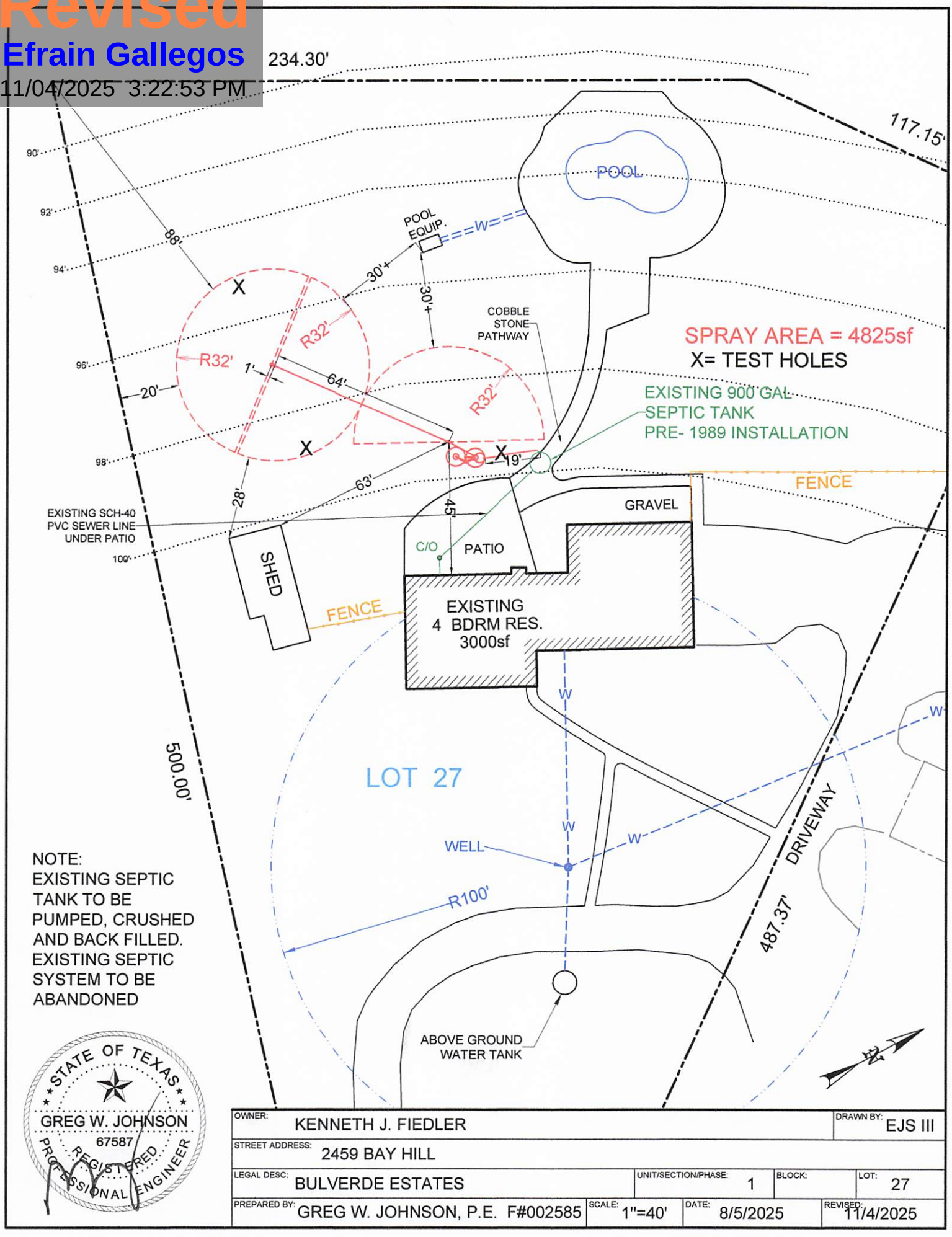


NOTE:
EXISTING SEPTIC TANK TO BE PUMPED, CRUSHED AND BACK FILLED. EXISTING SEPTIC SYSTEM TO BE ABANDONED

STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED
PROFESSIONAL ENGINEER

OWNER: KENNETH J. FIEDLER				DRAWN BY: EJS III	
STREET ADDRESS: 2459 BAY HILL					
LEGAL DESC: BULVERDE ESTATES		UNIT/SECTION/PHASE: 1	BLOCK:	LOT: 27	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=60'	DATE: 8/5/2025	REVISED: 11/4/2025		

Revised
Efrain Gallegos
11/04/2025 3:22:53 PM



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

STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED PROFESSIONAL ENGINEER

OWNER: KENNETH J. FIEDLER				DRAWN BY: EJS III	
STREET ADDRESS: 2459 BAY HILL					
LEGAL DESC: BULVERDE ESTATES		UNIT/SECTION/PHASE: 1	BLOCK:	LOT: 27	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 8/5/2025	REVISED: 11/4/2025		

Revised
Efrain Gallegos
10/22/2025 2:49:56 PM

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

September 19, 2025

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

RE: Permit #118965
2459 BAY HILL
BULVERDE ESTATES, UNIT 1, LOT 27
FIEDLER RESIDENCE

Efrain,

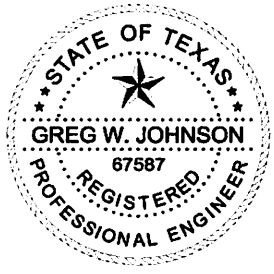
Original septic system was installed in 1971 with the existing SCH-40 PVC sewer lines were already installed. The patio and sidewalks offer equivalent protection to pipes and in my professional opinion are protected from damage.

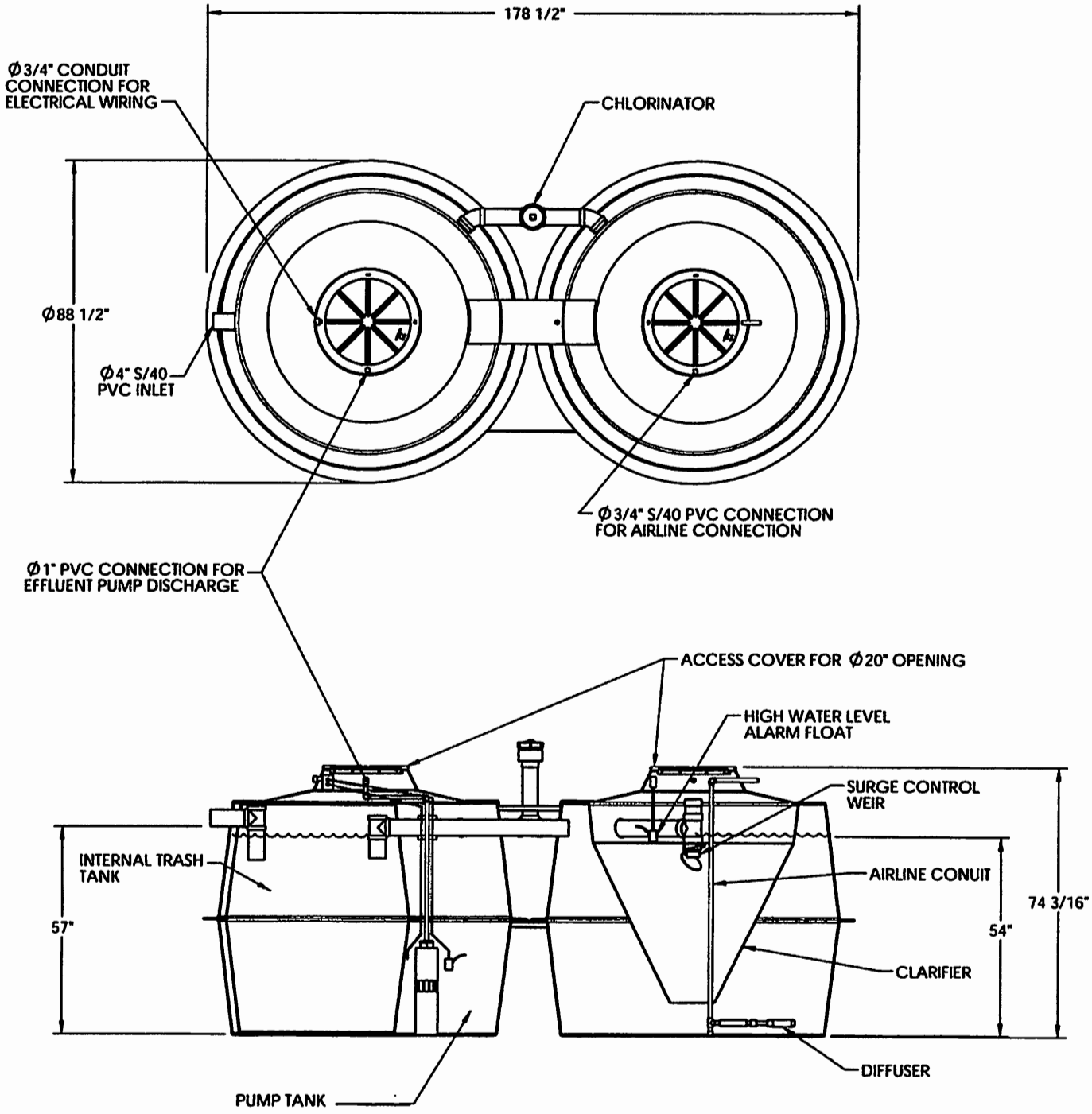
I hereby respectfully request a variance to five foot setback from tank to the patio.

If I can be of further assistance please contact me.

Respectfully yours,

Greg W. Johnson, P.E.





600NU WASTEWATER TREATMENT SYSTEM

STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED PROFESSIONAL ENGINEER

12805
08/05/25

TANK NOTES:

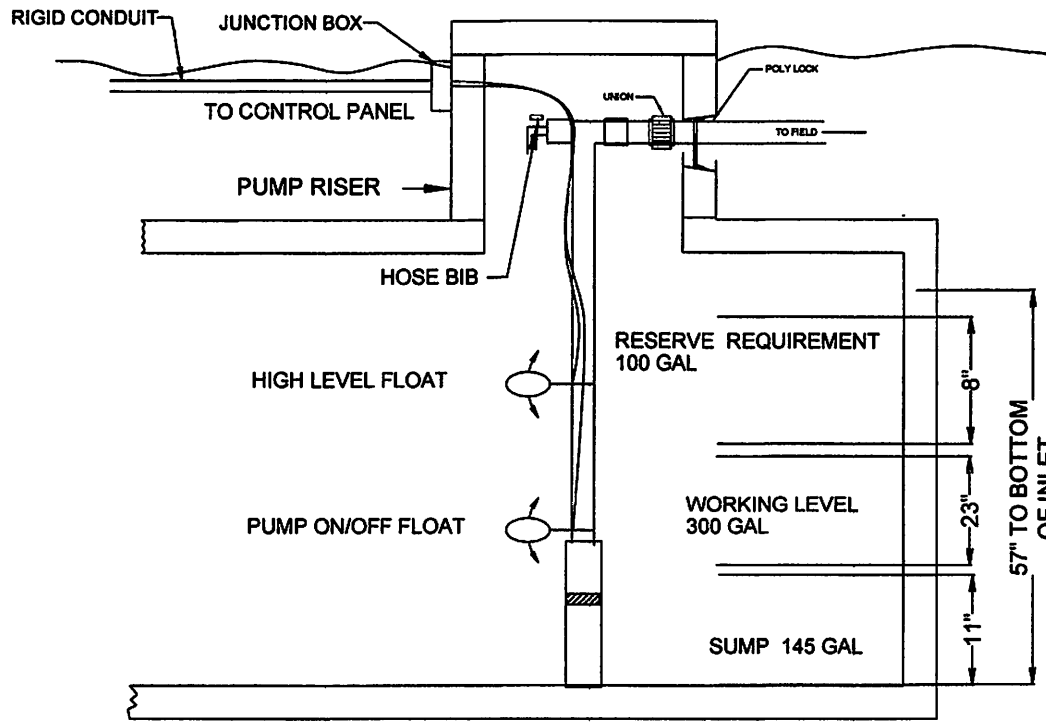
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

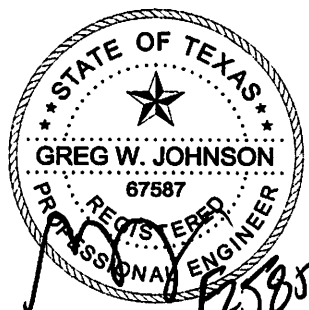
Tightlines to the tank shall be SCH-40 PVC.

A two way sanitary tee is required between residence and tank.

A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

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





P2585
08/05/25

TYPICAL PUMP TANK CONFIGURATION
CLEARSTREAM 600NU W/ 820 GAL PUMP TANK

OPERATION

1. The pump must be submerged at all times during normal operation. Do not run pump dry.
2. Make sure that the float switches are set so that the pump stops before the pump runs dry or breaks suction. If necessary, adjust float switches to achieve this.
3. The motor bearings are lubricated internally. No maintenance is required or possible on the pump.

Table 1: Recommended Fusing Data

60 Hz/1 Phase 2-Wire Cable

Model	HP	Voltz/Hz/ Phase	Max Load Amps	Locked Rotor Amps	Fuse Size Standard/ Dual Element
P10D	1/2	115/60/1	11.0	30.0	15
P20D	1/2	115/60/1	9.5	30.0	15
P30D	1/2	115/60/1	9.5	30.0	15

Figure 1: Insert a piece of 3" PVC pipe in the bottom of the motor to raise the pump in the tank.

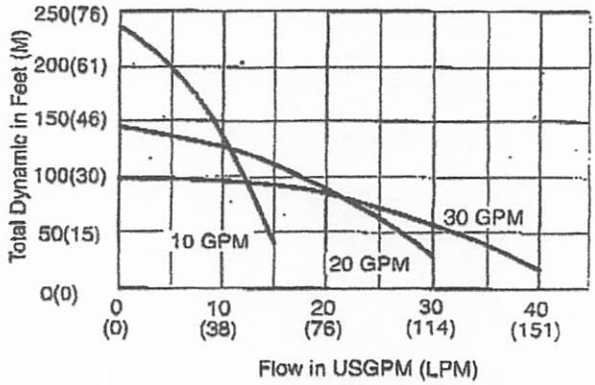


Figure 2: Performance in Feet of Head at Gallons Per Minute (M@LPM).

LOW ANGLE NOZZLE PERFORMANCE CHART

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

KRAIN
K-2 PLUS

NO. 105194 - WARRANTY DEED. GILBERT E. KINDER COMPANY TO KENNETH J. FIEDLER ET UX.

VOL 182 PAGE 72

STATE OF TEXAS
COUNTY OF Comal

KNOW ALL MEN BY THESE PRESENTS:

That I, Gilbert E. Kinder, a sole-owner of Gilbert E. Kinder Company,

of Bexar County, Texas, in consideration of the sum of TEN AND NO/100 DOLLARS ($ 10.00) and other good and valuable considerations, to said grantor in hand paid by the grantee hereinafter named, the receipt of which is hereby acknowledged,

have GRANTED, SOLD AND CONVEYED, and by these presents do GRANT, SELL AND CONVEY unto Kenneth J. Fiedler and wife, Lillian I. Fiedler,

of Bexar County, Texas, all that certain property situated in Comal County, Texas, described as follows, to-wit:

Tract 27 ,in Bulverde Estates, Unit 1, in the County of Comal and State of Texas, according to map or plat thereof recorded in Volume 2, Pages 95-99 of the Map and Plat Records of Comal County, Texas

TO HAVE AND TO HOLD the said premises, together with all rights, hereditaments and appurtenances thereto belonging, unto the said grantee s above named, their heirs and assigns forever. And I do hereby bind myself, my heirs, executors and administrators, to WARRANT AND FOREVER DEFEND the title to said property unto the said grantee above named, their heirs and assigns, against every person whomsoever lawfully claiming or to claim the same, or any part thereof.

This conveyance is made subject to restrictions, easements and conditions of record affecting the above described property.

EXECUTED this 3rd Day of October, A.D. 1970

Gilbert E. Kinder Company

By: Gilbert E. Kinder

Gilbert E. Kinder, Sole-Owner

STATE OF TEXAS
COUNTY OF Bexar

Before me, the undersigned authority, on this day personally appeared Gilbert E. Kinder, sole-owner of GILBERT E. KINDER COMPANY known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office, this 3rd day of November, 1970

Catherine Masson
Notary Public Bexar County, Texas.

Filed for Record November 4, A.D.1970, at 12:45 o'clock P.M.,
Recorded November 4, A.D.1970, at 1:05 o'clock P.M.,
By Willie Mae Weichert Deputy.
IRENE S. NUHN
County Clerk, Comal County, Texas.

VOL 234 PAGE 511

EXECUTED this 29th day of December, A.D., 1975.

GILBERT E. KINDER COMPANY

By: Gilbert E. Kinder
Gilbert E. Kinder, sole-owner

STATE OF TEXAS }
COUNTY OF Bexar }

Before me, the undersigned authority, on this day personally appeared Gilbert E. Kinder, sole-owner of GILBERT E. KINDER COMPANY known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office, this 30th day of December, 1975.

Catherine Barnes
Notary Public Bexar County, Texas.

STATE OF TEXAS }
COUNTY OF }

Before me, the undersigned authority, on this day personally appeared

known to me to be the person whose name subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office, this day of

Notary Public County, Texas.

Filed for Record Jan. 2, A.D. 1976, at 11:06 o'clock A.M.

By Ruth A. Grimaldo, Deputy.

IRENE S. NUHN
County Clerk, Comal County, Texas.

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
Sep 22 2021

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER** 142-21-185797

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)			(Before Marriage)	2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)
LILLIAN IRENE FIEDLER			MILLS	SEPTEMBER 17, 2021
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR: Mo / Days	IF UNDER 1 DAY: Hours / Min
FEMALE	OCTOBER 23, 1943	77		
6. BIRTHPLACE (City & State or Foreign Country)				
NEW BRAUNFELS, TX				
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)	
457-70-9149	☒ Married ☐ Widowed (but not remarried) ☐ Divorced (but not remarried) ☐ Never Married ☐ Unknown		KENNETH J. FIEDLER JR.	
10a. RESIDENCE STREET ADDRESS		10b. APT. NO.	10c. CITY OR TOWN	
2459 BAY HILL			BULVERDE	
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?	
COMAL	TEXAS	78163	☒ Yes ☐ No	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE		12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE		
FRED DOYLE MILLS		LELA BRASUEL		

13. PLACE OF DEATH (CHECK ONLY ONE)

IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

14. COUNTY OF DEATH	15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)	16. FACILITY NAME (If not institution, give street address)
COMAL	BULVERDE, 78163	2459 BAY HILL

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	18. MAILING ADDRESS OF INFORMANT (Street and Number,City,State,Zip Code)
KENNETH FIEDLER JR. - HUSBAND	2459 BAY HILL, BULVERDE, TX 78163

19. METHOD OF DISPOSITION	20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	21. ☐ Unknown
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Mausoleum ☐ Other (Specify)	JOEL L. EVANS,BY ELECTRONIC SIGNATURE - 7987	Section GARDEN OF GRACE Block Lot Space

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	23. LOCATION (City/Town, and State)
HILL COUNTRY MEMORIAL GARDENS	NEW BRAUNFELS, TX
24. NAME OF FUNERAL FACILITY	25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)
DOEPPENSCHMIDT FUNERAL HOME - NEW BRAUNFELS	189 N. SEGUIN STREET, NEW BRAUNFELS, TX 78130

26. CERTIFIER (Check only one)
☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time,date and place, and due to the cause(s) and manner stated.

27.SIGNATURE OF CERTIFIER	28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH(Actual or presumed)
ERIN L. WRIGHT , BY ELECTRONIC SIGNATURE	SEPTEMBER 21, 2021	N4912	08:40 AM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code)			32. TITLE OF CERTIFIER
ERIN L. WRIGHT 555 CREEKSIDE CROSSING, NEW BRAUNFELS, TX 78130			MD

WARNING
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to $10,000. (Health and Safety Code, Sec. 195, 1989)

CAUSE OF DEATH

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

		Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition ——> resulting in death)	a. ALZHEIMER'S DISEASE	2014
Due to (or as a consequence of):		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST	b.	
Due to (or as a consequence of):		
	c.	
Due to (or as a consequence of):		
	d.	

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:	39. IF TRANSPORTATION INJURY, SPECIFY:
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined	☐ Yes ☐ No ☐ Previously ☐ Probably ☒ Unknown	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

40a. DATE OF INJURY(mm-dd-yyyy)	40b.TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g, Decedent's home, construction site, restaurant, wooded area)
		☐ Yes ☐ No	
40e. LOCATION (Street and Number, City,State,Zip Code)			40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR
02001269	SEPTEMBER 22, 2021	

VS-112 REV 1/2006

QA20037721139

JON

EDR NUMBER 000044445136836

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Sep 28 2021

TARA DAS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

LETTERS TESTAMENTARY

THE STATE OF TEXAS

COUNTY OF COMAL

CAUSE NO. 2021PC0552

IN COUNTY COURT AT LAW

COMAL COUNTY, TEXAS

I, the undersigned Clerk of the County Court at Law of Comal County, Texas, do hereby certify that on the 10th day of November A.D., 2021,

KENNETH J. FIEDLER, JR.

was by said court duly granted Letters Testamentary of the Estate of

LILLIAN IRENE FIEDLER, deceased,

and that he has duly qualified as Independent Executor of said Estate on the 10th day of November A.D., 2021 as the law requires and that said appointment is still in full force and effect.

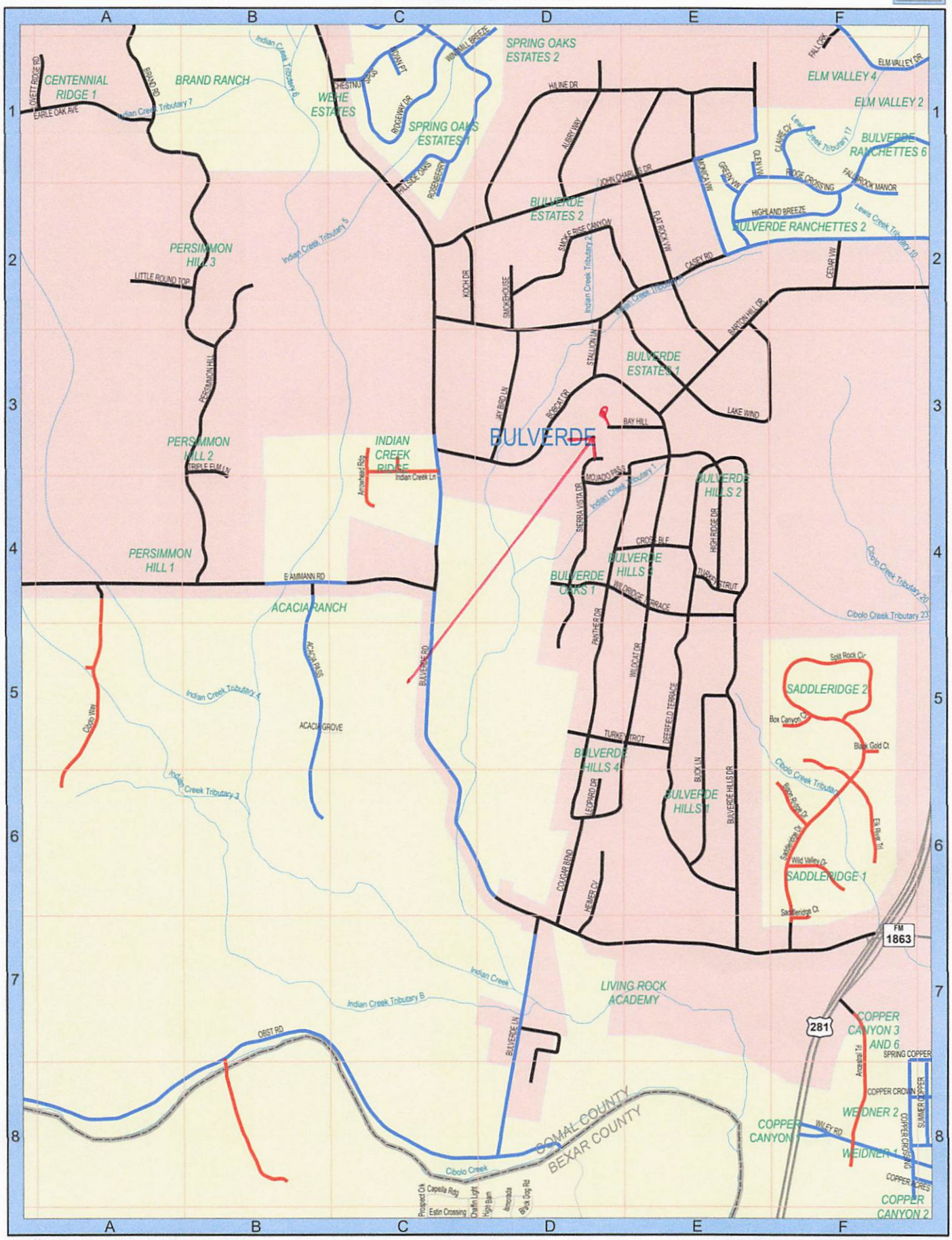
Witness my hand and seal of said court, at New Braunfels, Texas this 17th day of November A.D., 2021.

BOBBIE KOEPP, CLERK
COUNTY COURT AT LAW
COMAL COUNTY, TEXAS

(SEAL)

BY Katina Pena
DEPUTY

SEE PAGE63



SEE PAGE63

N W E S

0 1,250 2,500
Feet

0 0.25 0.5
Miles

Produced by the Comal County Engineer's Office - 7/17/2023

COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) CLEARSTREAM 600NQ **Absorption/Application Area (Sq Ft)** 4825

Gallons Per Day (As Per TCEQ Table II)
(Sites generating more than 5000 gallons per day require obtaining permit through TCEQ)

VOID

Is the property located over the Edwards Recharge Zone? ☐ Yes ☒ No
(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

Is there an existing TCEQ approved WPAP for the property? ☐ Yes ☒ No
(if yes, the R. S. or P. E. shall certify that the OSSF design complies with all provisions of the existing WPAP.)

Is there at least one acre per single family dwelling as per 285.40(c)(1)? ☒ Yes ☐ No

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? ☐ Yes ☒ No
(If yes, the R.S. or P. E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)

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

Is there an existing TCEQ approval CZP for the property? ☐ Yes ☒ No
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? ☐ Yes ☒ No
(if yes, the P.E. or R.S. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

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

If yes, indicate the city: BULVERDE

STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED
PROFESSIONAL ENGINEER

FIRM #2585

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

Signature of Designer

August 5, 2025
Date

Maintenance Contract to show physical address. 285.7.(1) (F)

Centex Hydro-Flo, Inc. & "Bulverde Electro Septic Tech"

P.O. Box 372
Bulverde, TX 78163 830-438-7329
Carl A Scheel Maint provider # MP0000014
Justin Scheel Maint provider # MP0002046

AEROBIC INITIAL SERVICE POLICY

Printed Date:
8/19/2025

BILL TO
Ken Fiedler 2459 Bay Hill Bulverde, TX 78163

SEPTIC SYSTEM LOCATION
Ken Fiedler 2459 Bay Hill Bulverde, TX 78163

VOID

Aerobic Manufacturer	Model	Authorized Agent:	Contract Date:
City		Comal County	2025-2027

We agree to provide a two-year initial service policy which will provide for inspection and service of your AEROBIC TREATMENT PLANT.

The effective date of this initial maintenance contract shall be the date the License to Operate is issued.
The policy will include the following:
The Owner shall provide unhindered access to the property (padlock key or combination is acceptable) in order to perform the duties of this contract. If there are any pets that could potentially present a safety issue, it is the homeowners responsibility to notify us & make the necessary arrangements for safe entry. Any extra trips to perform the duties of this contract caused by a lack of or miscommunication will be done and the home owner shall be responsible for the cost of an extra service call.

1. Six inspection/service calls at least one (1) every four (4) months) over the two (2) year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting the control panel, air pump, air filters, diffuser operation, and cleaning, replacing or repairing any component not found to be functioning correctly due to normal use. Spray heads and or any component showing signs of damage or abuse will be repaired and the home owner will be responsible for the cost of the repair.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors.
3. If any malfunction is observed, which cannot be corrected at that time, you shall be notified immediately of the conditions and the estimated date of correction.
4. The Homeowner/ Tenant is responsible for the maintaining of chlorine in the system for the purpose of disinfection.
5. Response Time: Problems are to be reported to the phone number above, response time will be within 48 hours.

Owner/ user operation instructions must be strictly followed or warranties are subject to invalidation.

Notice: Alterations to this permit include but are not limited to:
- Increase in the square feet of living area
- Increase in the number of bedrooms
- A change of use (i.e. residential to commercial)
- Relocation of system components (including the relocation of spray heads)
- Installation of landscaping or sprinkler system
- Adding a structure or pool near the system components.

Any alteration may require a new permit.

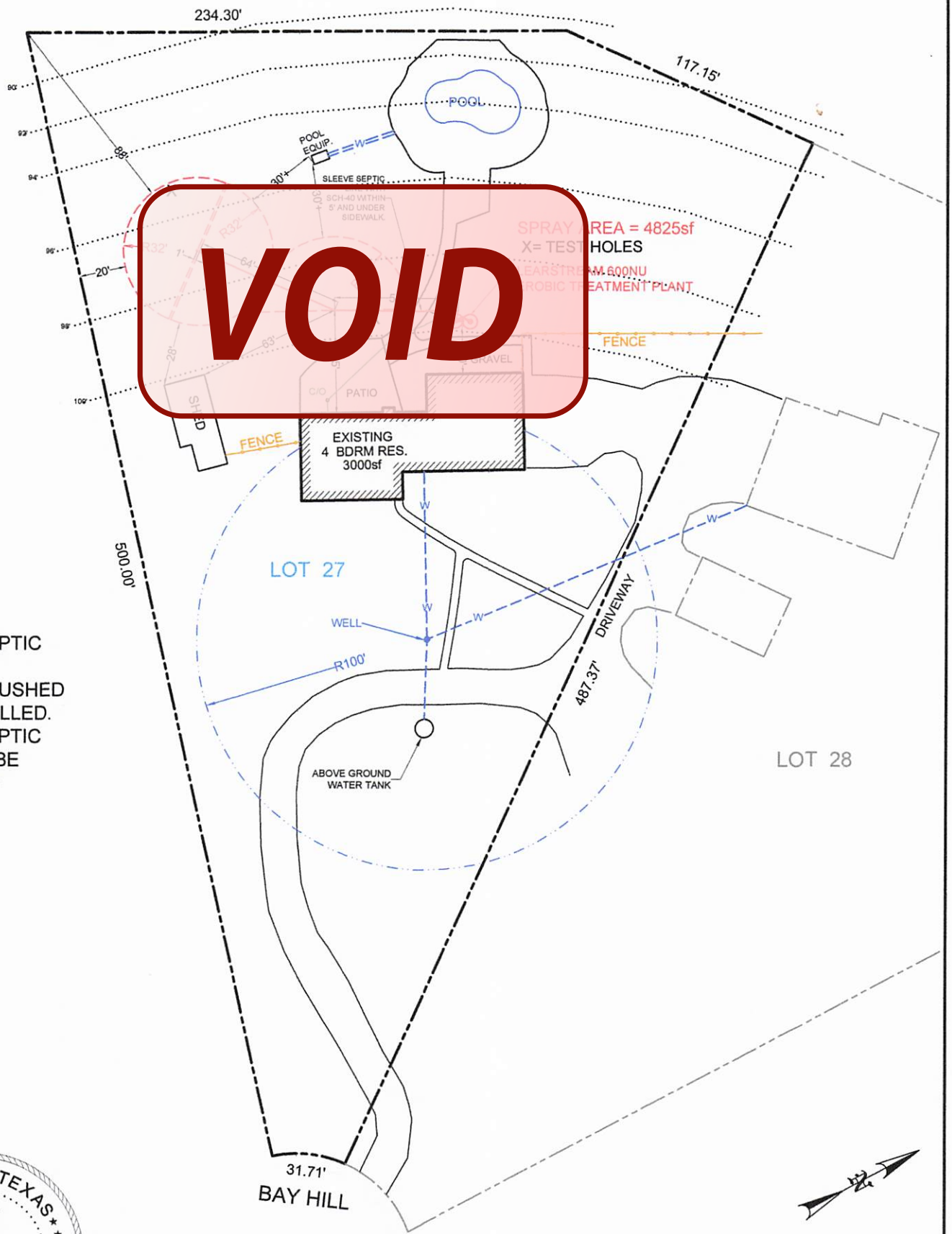
It is the responsibility of the owner to apply for a new permit if applicable.

The cost of repairs, or replacement of equipment not under warranty, or pumping sludge build-up from the system, if necessary, is not included in this policy.

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

Service Dealer: Centex Hydro-Flo, Inc. & "Best" (Bulverde Electro Septic Tech).
Responsible Party: Justin Scheel "TCEQ" # MP0002046 or Carl Scheel MP0000014

Owner Signatures

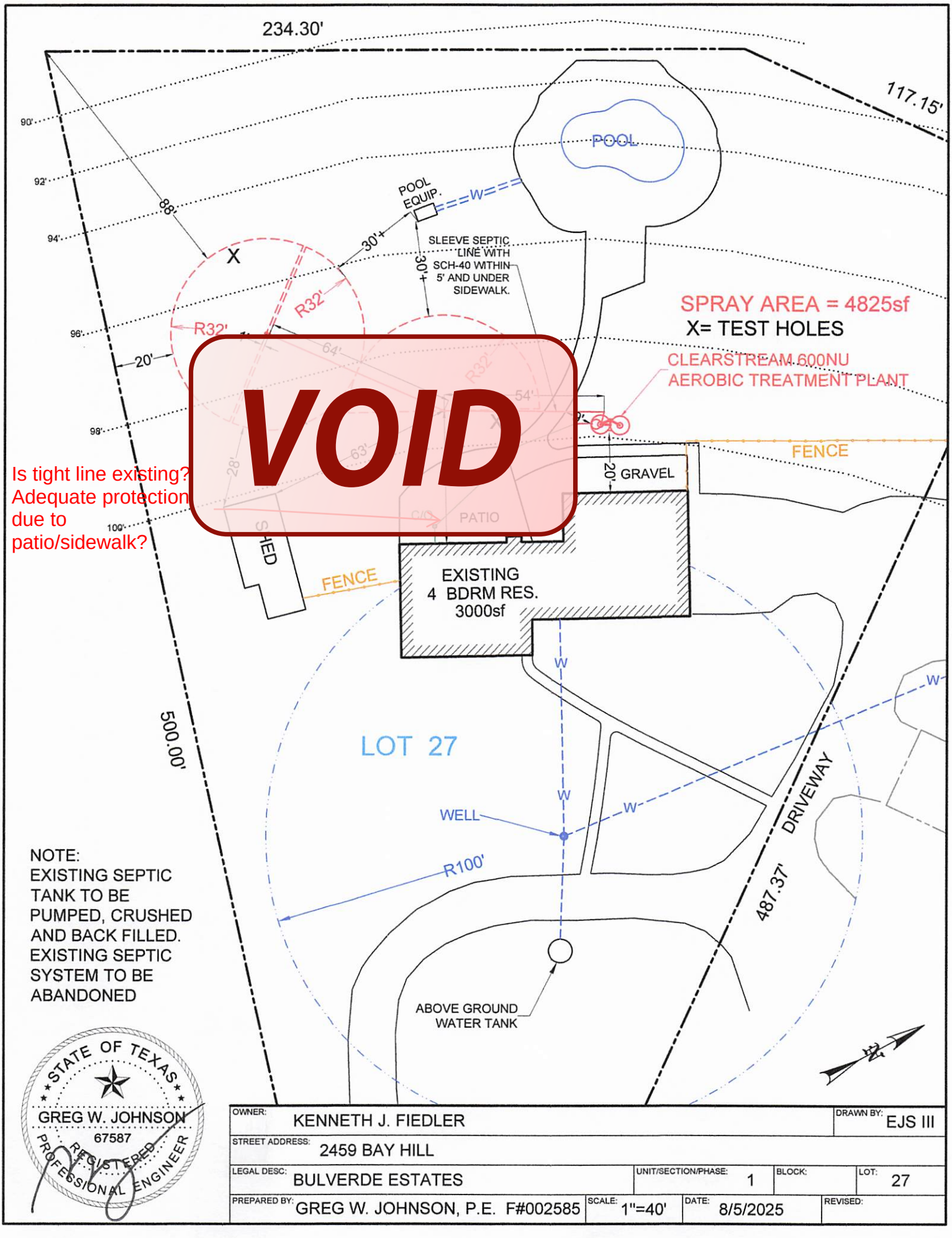


VOID

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

STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED
PROFESSIONAL ENGINEER

OWNER: KENNETH J. FIEDLER				DRAWN BY: EJS III	
STREET ADDRESS: 2459 BAY HILL					
LEGAL DESC: BULVERDE ESTATES		UNIT/SECTION/PHASE: 1	BLOCK:	LOT: 27	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=60'	DATE: 8/5/2025	REVISED:		


234.30'
117.15'
500.00'
POOL
POOL EQUIP.
W
SLEEVE SEPTIC LINE WITH SCH-40 WITHIN 5' AND UNDER SIDEWALK.
30'+
30'+
88'
X
R32'
R32'
R32'
20'
90'
92'
94'
96'
98'
100'
64'
63'
54'
28'
SPRAY AREA = 4825sf
X= TEST HOLES
CLEARSTREAM 600NU
AEROBIC TREATMENT PLANT
VOID
Is tight line existing? Adequate protection due to patio/sidewalk?
FENCE
20'
GRAVEL
PATIO
C/C
FENCE
EXISTING
4 BDRM RES.
3000sf
LOT 27
W
W
W
W
WELL
R100'
487.37'
DRIVEWAY
ABOVE GROUND WATER TANK
NOTE:
EXISTING SEPTIC TANK TO BE PUMPED, CRUSHED AND BACK FILLED. EXISTING SEPTIC SYSTEM TO BE ABANDONED
STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED
PROFESSIONAL ENGINEER
OWNER: KENNETH J. FIEDLER
DRAWN BY: EJS III
STREET ADDRESS: 2459 BAY HILL
LEGAL DESC: BULVERDE ESTATES
UNIT/SECTION/PHASE: 1
BLOCK:
LOT: 27
PREPARED BY: GREG W. JOHNSON, P.E. F#002585
SCALE: 1"=40'
DATE: 8/5/2025
REVISED:

92874

144368 VOL 234 PAGE 509

STATE OF TEXAS
COUNTY OF COMAL

KNOW ALL MEN BY THESE PRESENTS:

That I, Gilbert E. Kinder, sole owner of GILBERT E. KINDER COMPANY,

RECEIVED
SEP 16 2010
COUNTY ENGINEER

of the County of Bexar, State of Texas, in consideration of the sum of

TEN AND NO/100 DOLLARS ($ 10.00)

and other good and valuable consideratio ns,
to said grantor in hand paid by the grantees hereinafter named, the receipt of which is hereby

acknowledged,

VOID

92874

RECEIVED

SEP 16 2010

COUNTY ENGINEER

VOL 234 PAGE 510

have GRANTED, SOLD AND CONVEYED, and by these presents do GRANT, SELL AND CONVEY unto Kenneth J. Fiedler, Jr. and wife, Lillian I. Fiedler

of Comal County, Texas, all that certain property situated in Comal County, Texas, described as follows, to-wit:

Tract 28, BULVERDE ESTATES, UNIT 1, Comal County, Texas, according to plat thereof recorded in Vol. 2, pages 95-99, Comal County Map and Plat Records.

VOID

TO HAVE AND TO HOLD the said premises together with all rights, hereditaments and appurtenances thereto belonging, unto the said grantees above named, their heirs and assigns forever. And I do hereby bind myself, my heirs, executors and administrators, to WARRANT AND FOREVER DEFEND the title to said property unto the said grantees above named, their heirs and assigns, against every person whomsoever lawfully claiming or to claim the same, or any part thereof.

Grantees assume taxes for the current year on the property conveyed.

This conveyance is made subject to restrictions, easements and conditions of record affecting the above described property.

OSSF SOIL EVALUATION REPORT INFORMATION

Date: August 05, 2025

Applicant Information:

Name: KENNETH J. FIEDLER
Address: 2459 BAY HILL
City: BULVERDE State: TEXAS
Zip Code: 78163 Phone: (210) 275-6247

Site Evaluator Information:

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

Property Location:

Lot 27 Unit 1 Blk ___ Subd. BULVERDE ESTATES
Street Address: 2459 BAY HILL
City: BULVERDE Zip Code: 78163
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 6 to 10 %

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

Design Calculations for Aerobic Treatment with Surface Irrigation:

VOID

Commercial

Q = _____ GPD _____

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

Number of Bedrooms the septic system is sized for: 4 Total sq. ft. living area 3000

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

Q = (4 +1)*75-(20%)= 300

Trash Tank Size 400 Gal.

TCEQ Approved Aerobic Plant Size 600 G.P.D.

Req'd Application Area = Q/Ri = 300 / 0.064 = 4688 sq. ft.

Application Area Utilized = 4825 sq. ft.

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

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

Pump Tank Size = 820 Gal. 13.75 Gal/inch.

Reserve Requirement = 100 Gal. 1/3 day flow.

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

With Chlorinator NSF/TCEQ APPROVED

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

Two way cleanout

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

1" Sch-40 PVC discharge manifold

APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

EXPOSED ROCK WILL BE COVERED WITH SOIL .

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

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

08/05/25
DATE

STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED
PROFESSIONAL ENGINEER

FIRM #2585

Revised
Efrain Gallegos
10/22/2025 2:49:28 PM

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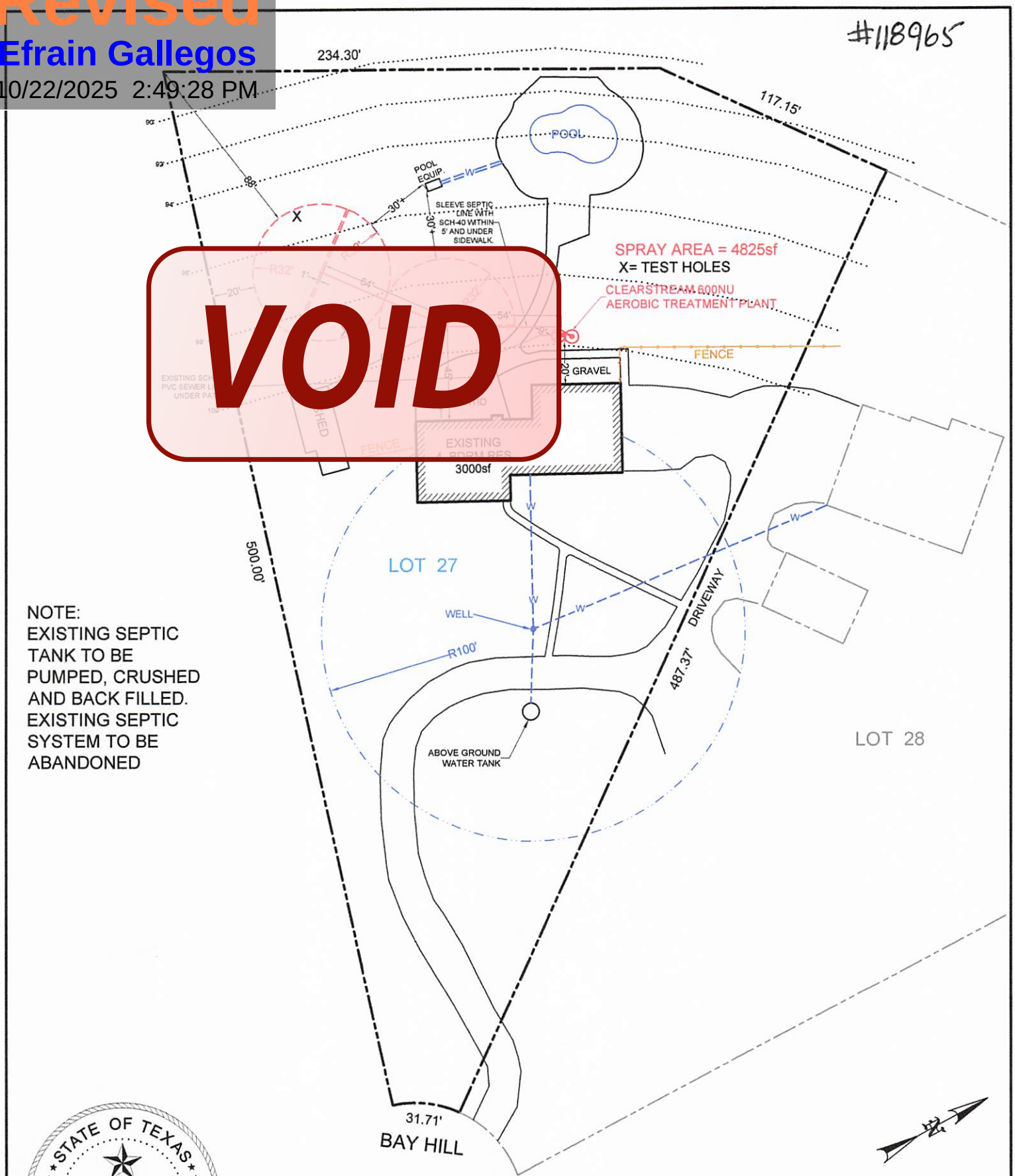
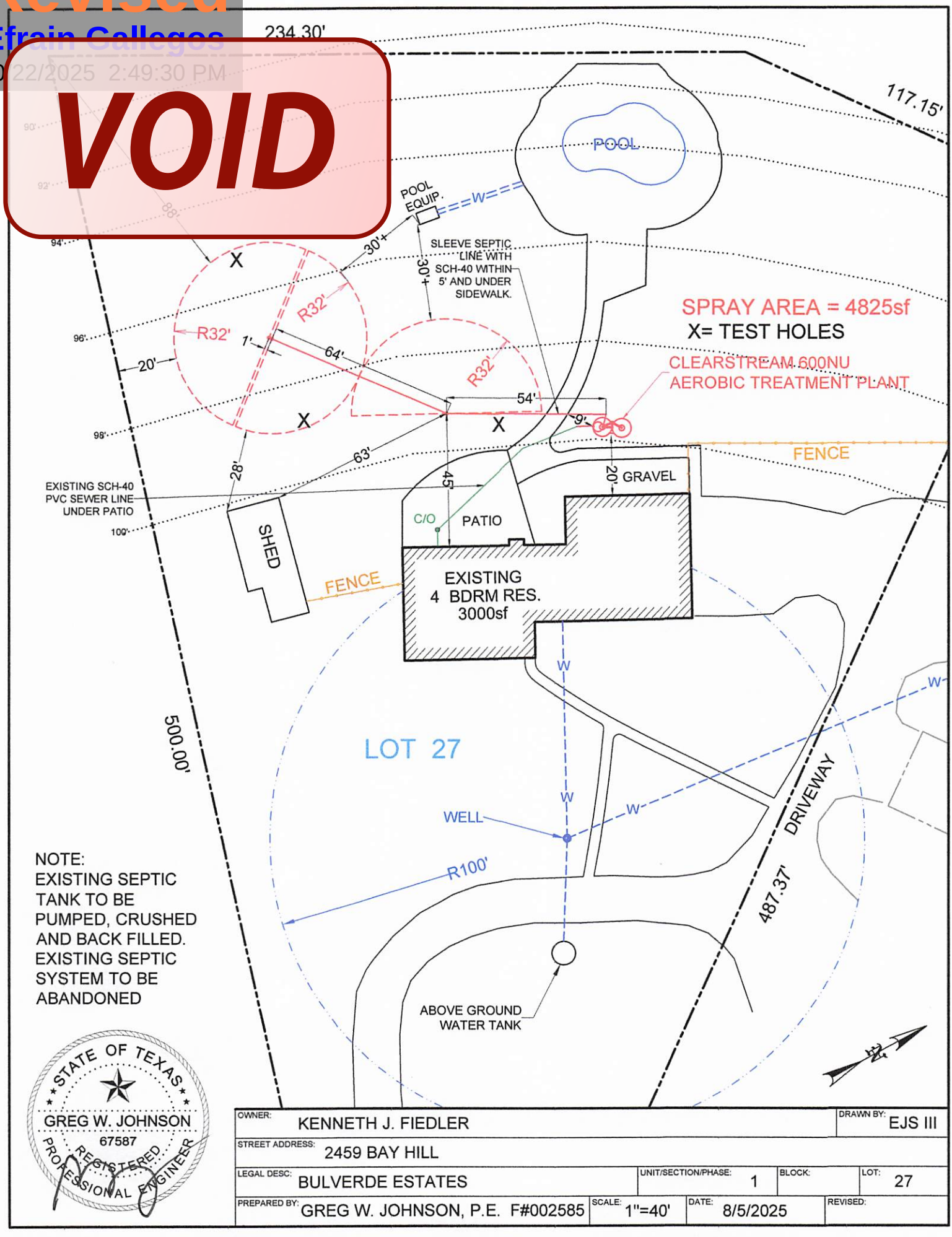


VOID

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

STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED PROFESSIONAL ENGINEER

OWNER: KENNETH J. FIEDLER				DRAWN BY: EJS III	
STREET ADDRESS: 2459 BAY HILL					
LEGAL DESC: BULVERDE ESTATES		UNIT/SECTION/PHASE: 1	BLOCK:	LOT: 27	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=60'	DATE: 8/5/2025	REVISED:		



OWNER: KENNETH J. FIEDLER					DRAWN BY: EJS III
STREET ADDRESS: 2459 BAY HILL					
LEGAL DESC: BULVERDE ESTATES		UNIT/SECTION/PHASE: 1	BLOCK:	LOT: 27	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 8/5/2025	REVISED:		

COMAL COUNTY
ENGINEER'S OFFICE

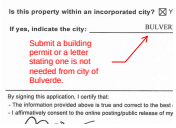
Address: 2459 Bay Hill

Legal Description: Bulverde Estates unit 1, Lot 27

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:

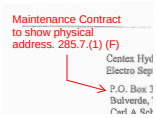
118965.pdf Markup Summary

Callout (3)



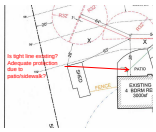
Subject: Callout
Page Label: 2
Author: Efrain Gallegos
Date: 9/18/2025 12:34:53 PM
Status:
Color:
Layer:
Space:

Submit a building permit or a letter stating one is not needed from city of Bulverde.



Subject: Callout
Page Label: 4
Author: Efrain Gallegos
Date: 9/18/2025 12:38:51 PM
Status:
Color:
Layer:
Space:

Maintenance Contract to show physical address. 285.7.(1) (F)



Subject: Callout
Page Label: 8
Author: Efrain Gallegos
Date: 9/18/2025 12:55:13 PM
Status:
Color:
Layer:
Space:

Is tight line existing? Adequate protection due to patio/sidewalk?

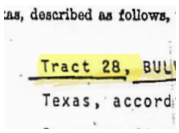
COMAL COUNTY
ENGINEER'S OFFICE

Address: _____

Legal Description: _____

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

Highlight (1)



Subject: Highlight
Page Label: 13
Author: Efrain Gallegos
Date: 9/18/2025 11:54:11 AM
Status:
Color:
Layer:
Space:

Submit deed for lot # 27

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

RECEIVED
By Kathy Griffin at 9:21 am, Aug 25, 2025

COMAL COUNTY
ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

Date Received	Initials	Permit Number
		118965

Instructions:

Place a check mark next to all items that apply. For items that do not apply, place "N/A". This OSSF Development Application Checklist **must** accompany the completed application.

OSSF Permit

☒ Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate

☒ Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer

☒ Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.

☒ Required Permit Fee - See Attached Fee Schedule

☒ Copy of Recorded Deed

☒ Surface Application/Aerobic Treatment System

- ☒ Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public
- ☒ Signed Maintenance Contract with Effective Date as Issuance of License to Operate

I affirm that I have provided all information required for my OSSF Development Application and that this application constitutes a completed OSSF Development Application.

Signature of Applicant

08/23/2025
Date

___ COMPLETE APPLICATION

Check No. _____ Receipt No._____

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

Revised: September 2019