



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

--	--

Date Received

Initials

119166

Permit Number

Instructions:

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

OSSF Permit

- ☐ Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- ☐ Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- ☐ Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.
- ☐ Required Permit Fee - See Attached Fee Schedule
- ☐ Copy of Recorded Deed
- ☐ Surface Application/Aerobic Treatment System
 - ☐ Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public
 - ☐ Signed Maintenance Contract with Effective Date as Issuance of License to Operate

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

Signature of Applicant

11/5/25

Date

___ COMPLETE APPLICATION

Check No. _____ Receipt No. _____

INCOMPLETE APPLICATION

___ (Missing Items Circled, Application Refused)



ON-SITE SEWAGE FACILITY APPLICATION

Date _____

Permit Number 119166

1. APPLICANT / AGENT INFORMATION

Owner Name _____
Mailing Address _____
City, State, Zip _____
Phone # _____
Email _____

Agent Name _____
Agent Address _____
City, State, Zip _____
Phone # _____
Email _____

2. LOCATION

Subdivision Name _____ Unit _____ Lot _____ Block _____
Survey Name / Abstract Number _____ Acreage _____
Address _____ City _____ State _____ Zip _____

3. TYPE OF DEVELOPMENT

☐ Single Family Residential
Type of Construction (House, Mobile, RV, Etc.) _____
Number of Bedrooms _____
Indicate Sq Ft of Living Area _____

☐ 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: \$ _____ (Structure Only)

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

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

Source of Water ☐ Public ☐ Private Well ☐ Rainwater

4. SIGNATURE OF OWNER

By signing this application, I certify that:

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

Signature of Owner

11/5/25

Date



Planning Materials & Site Evaluation as Required Completed By _____

System Description _____

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

Tank Size(s) (Gallons) _____ Absorption/Application Area (Sq Ft) _____

Gallons Per Day (As Per TCEQ Table III) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If yes, indicate the city: _____

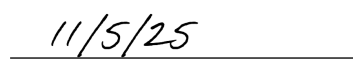
By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.

- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.



Signature of Designer



Date

1/CB



202506034385 10/27/2025 03:23:58 PM 1/1

COUNTY OF COMAL
STATE OF TEXAS

AFFIDAVIT TO THE PUBLIC

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

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

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 643, Cypress Cove Section 9

The property is owned by (Insert owner's full name): Primavera Custom Homes, LLC.

This OSSF must be covered by a continuous maintenance contract for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

Upon sale or transfer of the above described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for OSSF may be obtained from Comal County Engineer's Office.

WITNESS BY HAND(S) ON THIS 22 DAY OF October 2025

Owner(s) signature(s)

LEIS RAMOS
(PRINTED NAME)

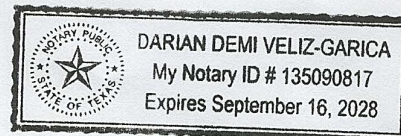
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 22 DAY OF October 2025

Darian Veliz Garcia

Notary Public, State of Texas

Notary's Printed Name: Darian Veliz Garcia

My Commission Expires: 09-16-2028



Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
10/27/2025 03:23:58 PM
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202506034385



Bobbie Koepp



Routine Maintenance and Inspection Agreement

General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between Primavera Custom Homes, LLC. (referred to as "Client") and 311 Maintenance LLC (Frank Oranday MP0002506) (hereinafter referred to as "Contractor") (210) 823-3477. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein. This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The effective date of the initial maintenance contract shall be the date the License to Operate is issued. This contract will be in effect FROM: LTO TO: 2 Years. The policy will include the following:

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

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

ACCESS BY CONTRACTOR

The Contractor or anyone authorized by the Contractor may enter the property at reasonable times without prior notice for the purpose of the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of

evaluations if necessary. Soil is to be replaced with the excavated material as best as possible. If dogs or pets are not brought indoors during service, there will be a penalty fee for rescheduling.

Termination of Agreement

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

Limit of Liability

The Contractor shall not be held accountable for indirect, consequential, incidental, or punitive damages, regardless of whether the basis is contractual, tortious, or any other legal theory. Furthermore, under no circumstances shall the Contractor's responsibility for direct damages surpass the total price specified for the services outlined in this Agreement.

Severability

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

Renewal

A renewal service contract should be activated before expiration (2 years) of existing contract. We will contact property owner prior to expiration of existing contract.

OWNER

Primavera Custom Homes, LLC.
Name
1194 Bob White Dr.
Address
Spring Branch tx 78070
City, State
210.296.1685
Phone


Signature of Home Owner

SERVICE PROVIDER

311 Maintenance
Name
5355 FM 311
Address
New Braunfels. TX
City, State
(210) 823-3477
Phone

 MP0002506
Signature of Service Provider and License #

EFFECTIVE DATE: LTO
EXPIRED DATE: 2 Years
INSTALLED:
Model #:
Blower/Panel Serial #:



OSSF SOIL EVALUATION REPORT

Date: 10/27/2025
Applicant Information:
Name: Primavera Custom Homes

Site Evaluator Information:
Name: Frank Oranday
Company:
Address: PO box 754
City, State, & Zip: Spring Branch TX, 78070

Phone: 210.510.8996
Email: frankoranday@gmail.com

Property Location: 1194 Bob White

Street/Road Address:
Lot 643, Section 9

Additional Info: Comal County

Installer Information:
Name: Frank Oranday
Company: F.E.S Construction
Address: P.O. box 754
City, State, & Zip: Spring Branch TX, 78070
Email: frankoranday@gmail.com
Phone: 210.823.3477

Depth	Texture Class	Soil Texture	Structure (for Class III- blocky, platy or massive)	Drainage	Restrictive Horizon	Observation
Soil Boring #1 4"	III	0-4" Clay Loam 4"+ limestone	Blocky	<30% gravel		Bedrock
Soil Boring #2 4"	III	Same as above				

FEATURES OF SITE AREA

Presence of 100-year flood zone: NO
Existing or proposed water well in nearby area: NO
Presence of adjacent ponds, streams, water impoundments: NO

Presence of upper water shed: NO
Organized sewage service available to lot: NO

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability. The site evaluation and OSSF design are subject to approval by the TCEQ or the local authorized agent. The planning materials and the OSSF design should not be considered final until a permit to construct has been issued.

Site Evaluator:
NAME: Frank Oranday

License No.: OS-0035274 **Exp:** 3/31/2026
TDH:

Signature:

DESIGN SPECIFICATIONS

**1194 Bob White Dr.
Spring Branch Tx 78070**

Application Rate (Ra): .2

OSSF is designed for: 3 BR. home (1,742 Sq. Ft.)

Wastewater Usage: 240 gal./day

An aerobic treatment system/ with drip tubing irrigation is to be utilized based on the site evaluation

1,200 sq. ft. absorptive area required

600-gpd aerobic tank required

Calculations: Absorption Area: $Q/Ra = 240 \text{ gpd} / .2 = 1,200 \text{ sq. ft required} / 2 \text{sq.ft/l.f} = 600 \text{ l.f required of tubing}$

Frank Oranday, R.S.

Signature:



11/5/25

AEROBIC TREATMENT DRIP TUBING SYSTEM
DESIGNED FOR: Primavera Custom Homes, LLC.
SITE ADDRESS: 1194 Bob White Dr., Spring Branch TX 78070

LANDSCAPING:

The site of installation will include a 3 BR. Home (1,742 Sq.ft) & an RV to be treated by a proposed aerobic treatment plant utilizing drip irrigation tubing as the most suitable system for the underlying soil.

PROPOSED SYSTEM:

A 3" or 4" SCH 40 PVC pipe discharges from the residence & from an RV into a 600 gal/day aerobic treatment plant containing a 353 gallon pretreatment tank and a 768 gallon pump chamber. The pump is activated by a time controller allowing the distribution 10 times per day with an 8 minute run time with the float set to pump 240 gallons per day. A high level audible and visual alarm will activate should the pump fail. Distribution from the pump is through a self-flushing 100 Mesh Spin filter and subsequently through a 1" SCH 40 manifold allowing effluent distribution to 756 l.f. of drip tubing lines spaced 2ft. apart with .61" emitters set every two feet. A pressure gauge will be installed on the pump tank side for the flush line manifold and shall maintain a pressure of at least 25 PSI and a maximum of 45 PSI. A 1" SCH 40 return line will flush each cycle back to the pump tank. Vacuum breakers will be installed at the highest point of the drip field for the supply and flush manifold to prevent siphoning. Drip field will be scarified before laying drip lines then covered with a minimum 8" of Class II or III soil. Seeding or sod will be added upon completion.



11/5/25

PRIMAVERA CUSTOM HOMES, LLC.
1194 BOB WHITE DR.
SPRING BRANCH TEXAS, 78070
CYPRESS COVE, SECTION 9
LOT 643
COMAL COUNTY

SCALE: 1"=20'

-INSTALL:

- 14 ROWS @ 54'

-756 L.F. OF DRIP
TUBING SPACED 2' APART

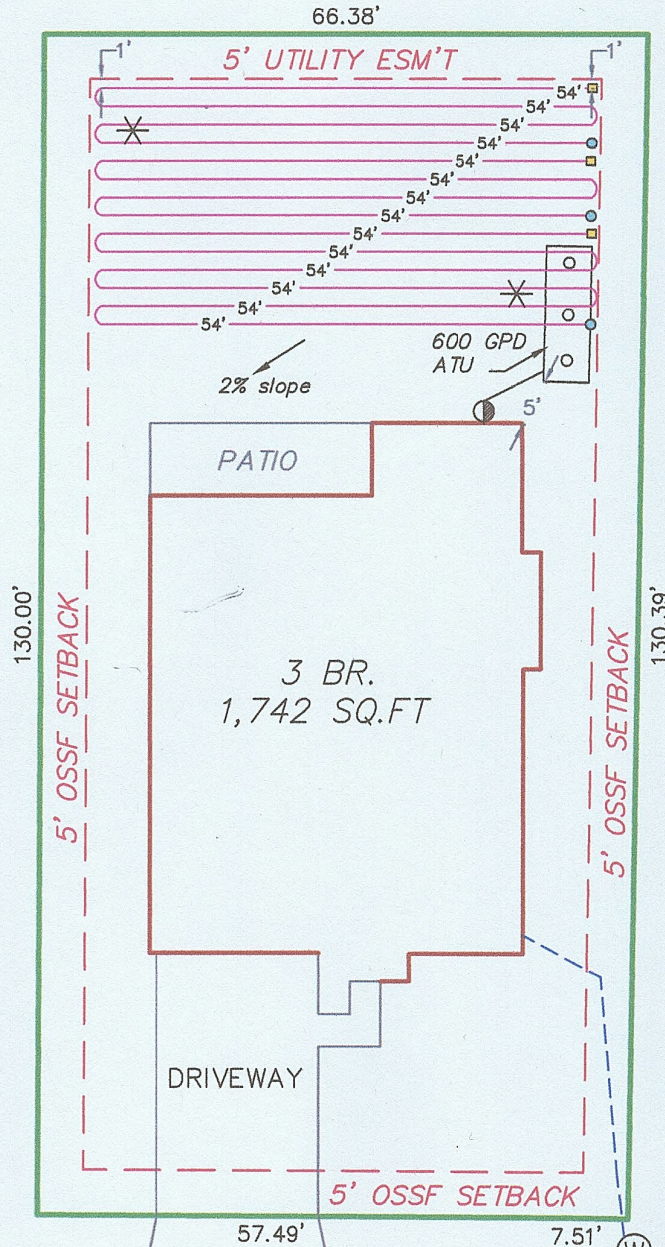
-INSTALL 3" or 4" SCH40
PVC TO TANK

-INSTALL VACUUM
BREAKER AT HIGHEST POINT
ON FLUSH AND SUPPLY LINE

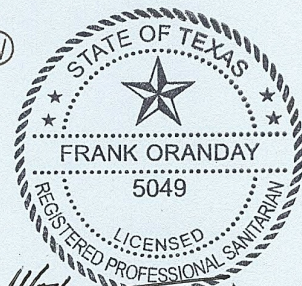
LEGEND

- = CLEANOUT
- = SUPPLY
- = RETURN
- ✱ = TEST HOLES

CASHEW RD



BOB WHITE DR



11/5/25

AEROBIC TREATMENT- DRIP TUBING SYSTEM
SITE ADDRESS: 1194 Bob White

LANDSCAPING/ VEGETATION PLAN:

The site of installation consists of a suitable topography for the proposed system and furthermore is comprised of cedar trees and low-level grass plants.

VEGETATION ESTABLISHMENT:

The distribution area will be established by spreading native grass seed over the covered drip field, otherwise sodded. Immediately after seed dispersal or sodding, it is the responsibility of contractor or Homeowner to water the area to promote rapid growth and stabilization.

Frank Oranday R.S.



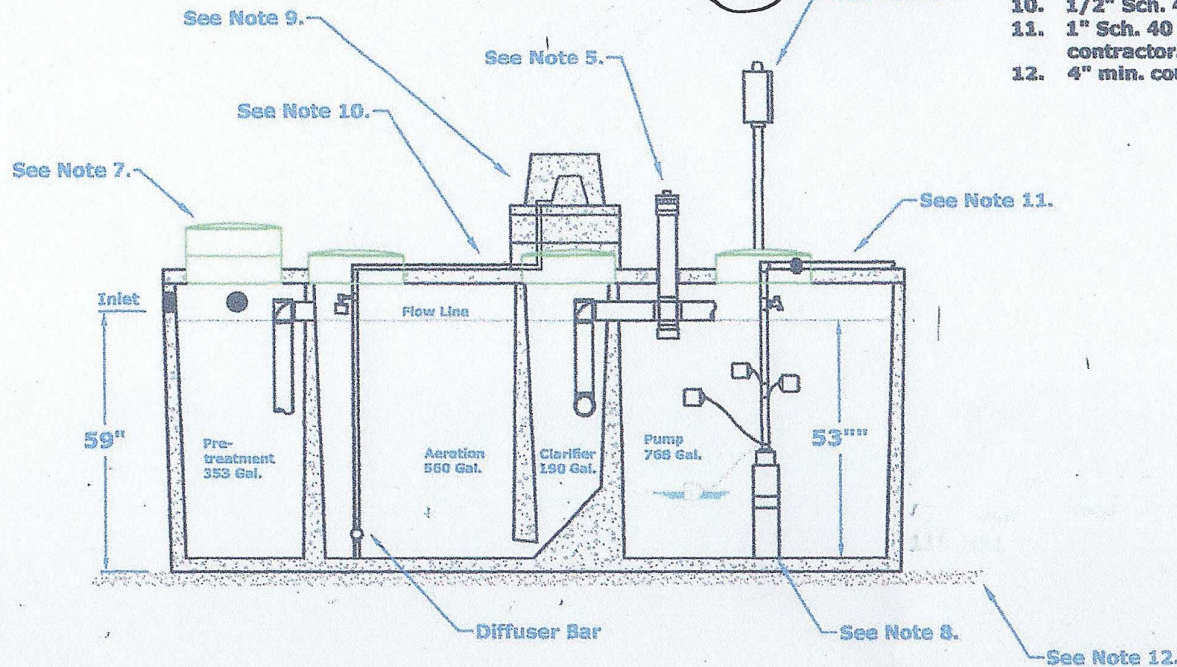
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Assembly Details

OSSF

Pump float settings for 240 GPD design flow and min. 80 gal reserve:
 Pump OFF Position: 12 inches above tank bottom (166 gal)
 pump ON position: 29 inches above tank bottom (409.90 gal)
 Alarm ON position: 36 inches above tank bottom (512.22 gal)

PUMP DETAILS



GENERAL NOTES:

1. Plant structure material to be precast concrete and steel.
2. Maximum burial depth is 30" from slab top to grade.
3. Weight = 14,900 lbs.
4. Treatment capacity is 600 GPD. Pump compartment set-up for a 360 GPD Flow Rate (4 bedroom, < 4,000 sq/ft living area). Please specify for additional set-up requirements. BOD Loading = 1.62 lbs. per day.
5. Standard tablet chlorinator or Optional Liquid chlorinator. NSF approved chlorinators (tablet & liquid) available.
6. Bio-Robix B-550 Control Center w/ Timer for night spray application. Optional Micro Dose (min/sec) timer available for drip applications. Electrical Requirement to be 115 Volts, 60 Hz, Single Phase, 30 AMP, Grounded Receptacle.
7. 20" Ø access riser w/ lid (Typical 4). Optional extension risers available.
8. 20 GPM 1/2 HP, high head effluent pump.
9. HIBLOW Air Compressor w/ concrete housing.
10. 1/2" Sch. 40 PVC Air Line (Max. 50 Lft from Plant).
11. 1" Sch. 40 PVC pipe to distribution system provided by contractor.
12. 4" min. compacted sand or gravel pad by Contractor

DIMENSIONS:

Outside Height: 67"
 Outside Width: 63"
 Outside Length: 164"

MINIMUM EXCAVATION DIMENSIONS:

Width: 76"
 Length: 176"

NuWater B-550 (600 GPD)
Aerobic Treatment Plant (Assembled)

Model: B-550-PC-400PT

March, 2012 - Rev 1
 By: A.S.

Scale:
 * All Dimensions subject to allowable specification tolerances.

Dwg. #: ADV-B550-3

Advantage
 Wastewater Solutions Inc.

Advantage Wastewater Solutions Inc.
 444 A Old Hwy No 9
 Comfort, TX 78013
 830-995-3189
 fax 830-995-4051

SIC 2742043 SA

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.

General Warranty Deed

Date: October 6, 2025

Grantor: KATHERINE LOUISE FOLEY NICHOLS and MARGARET JANE FOLEY JENSCHKE

Grantor's Mailing Address:

6010 Whispering Lake St.
San Antonio, Tx 78222
BEXAR County

Grantee: Primavera Custom Homes LLC, a Texas limited liability company

Grantee's Mailing Address:

1006 Whitneys Ct.
San Antonio, Tx 78260
BEXAR County

Consideration:

TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration.

Property (including any improvements):

Lot 643, of CYPRESS COVE SECTION 9, subdivision in Comal County, Texas, according to the map or plat thereof recorded in/under Volume 2, Page 66 of the Map and Plat Records of Comal County, Texas.

Reservations from and Exceptions to Conveyance and Warranty:

Validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments, other than conveyances of the surface fee estate, that affect the Property; and taxes for 2025, which Grantee assumes and agrees to pay, and subsequent assessments for that and prior years due to change in land usage, ownership, or both, the payment of which Grantee assumes.

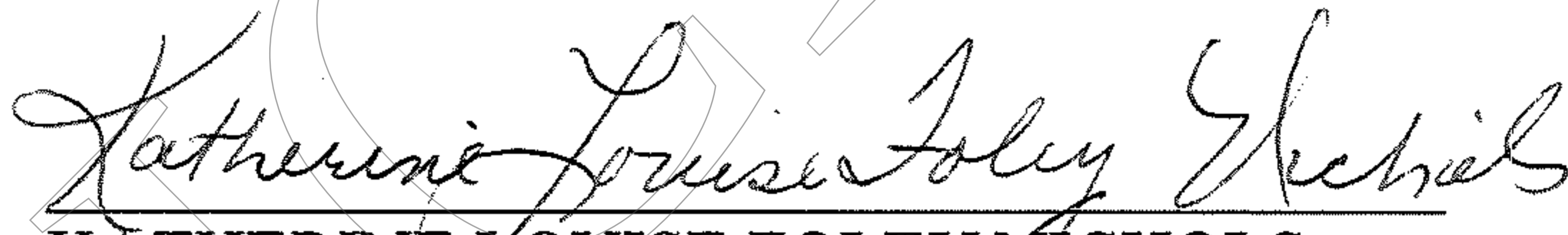
Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property,

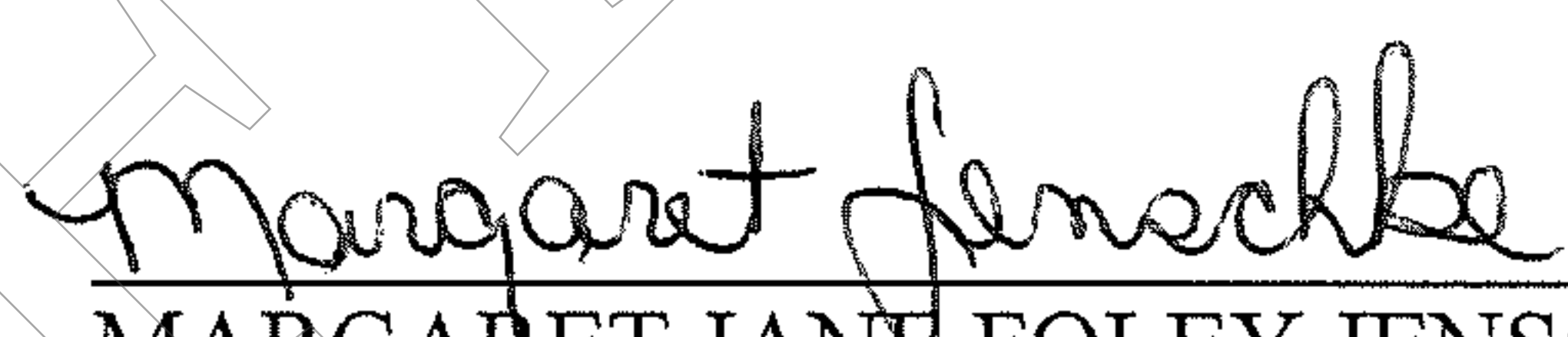
together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

GRANTEE IS TAKING THE PROPERTY IN AN ARM'S-LENGTH AGREEMENT BETWEEN THE PARTIES. THE CONSIDERATION WAS BARGAINED ON THE BASIS OF AN "AS IS" TRANSACTION AND REFLECTS THE AGREEMENT OF THE PARTIES THAT THERE ARE NO REPRESENTATIONS OR EXPRESS OR IMPLIED WARRANTIES EXCEPT FOR THE WARRANTIES OF TITLE.

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

GRANTOR:


KATHERINE LOUISE FOLEY NICHOLS

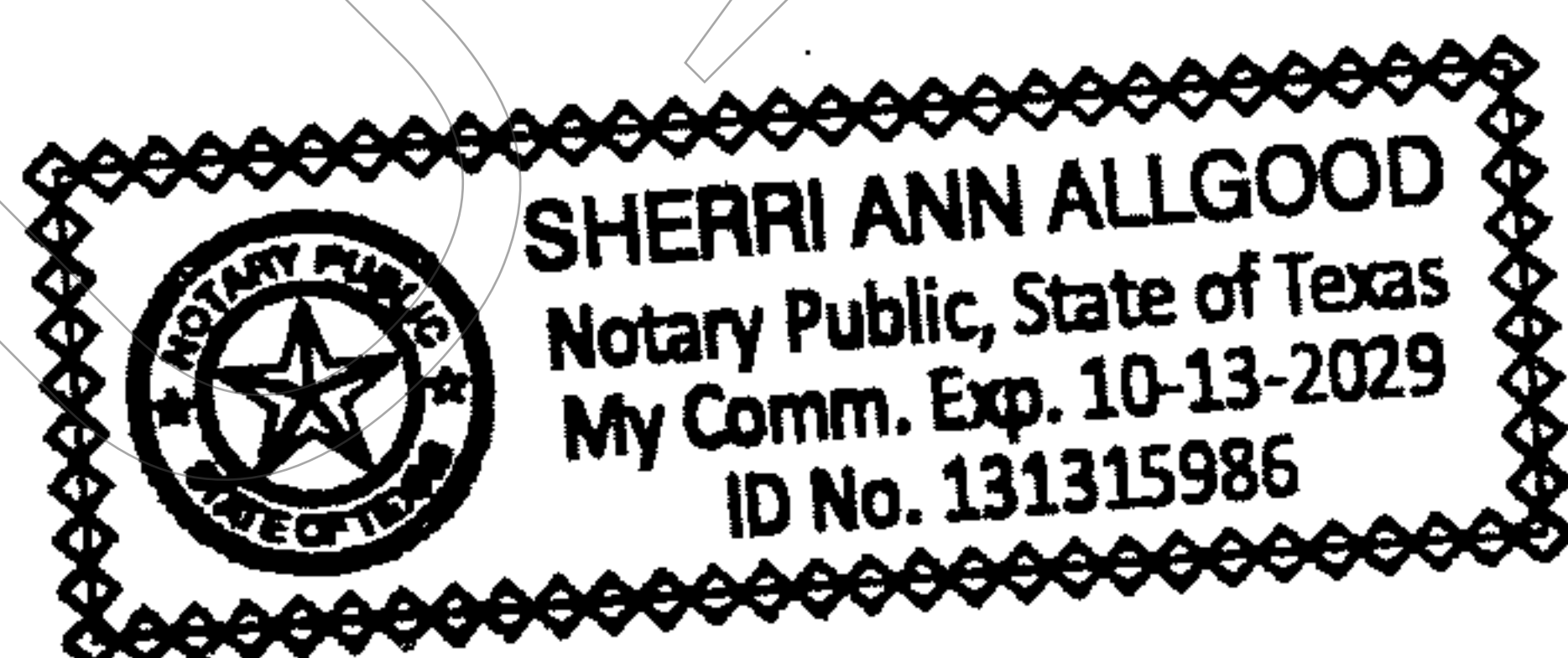

MARGARET JANE FOLEY JENSCHKE

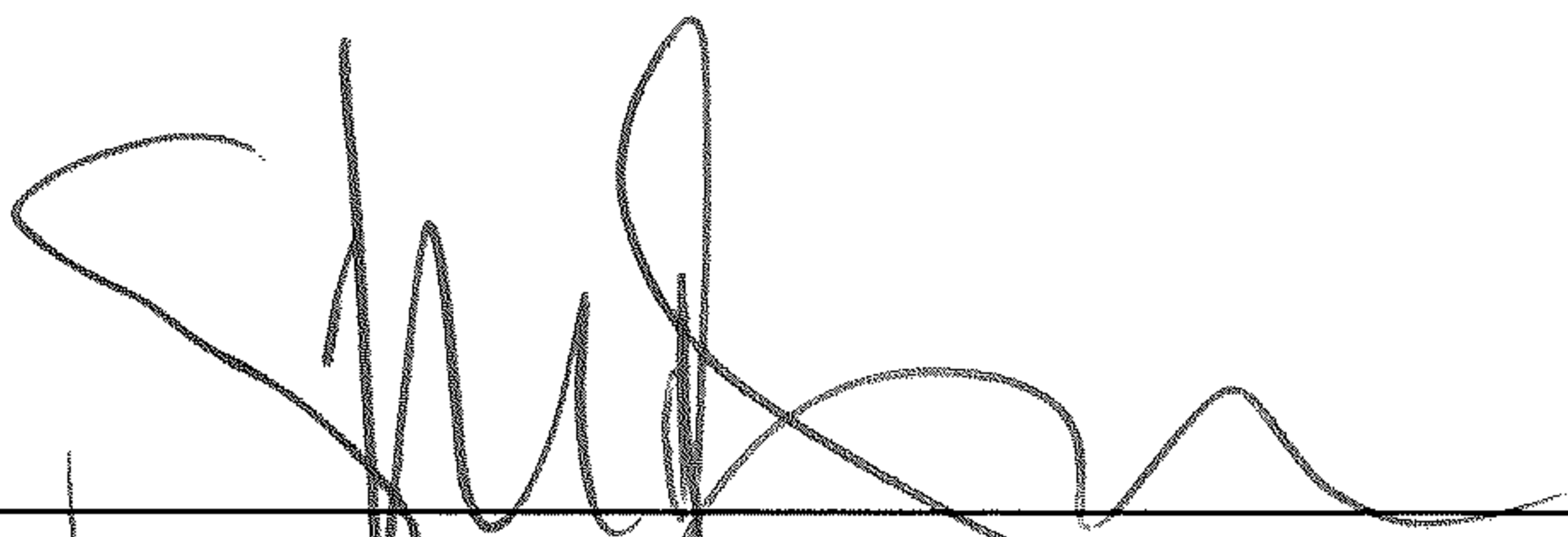
STATE OF TEXAS)

COUNTY OF BEXAR)

This instrument was acknowledged before me on October 6, 2025, by KATHERINE LOUISE FOLEY NICHOLS.

(Seal)





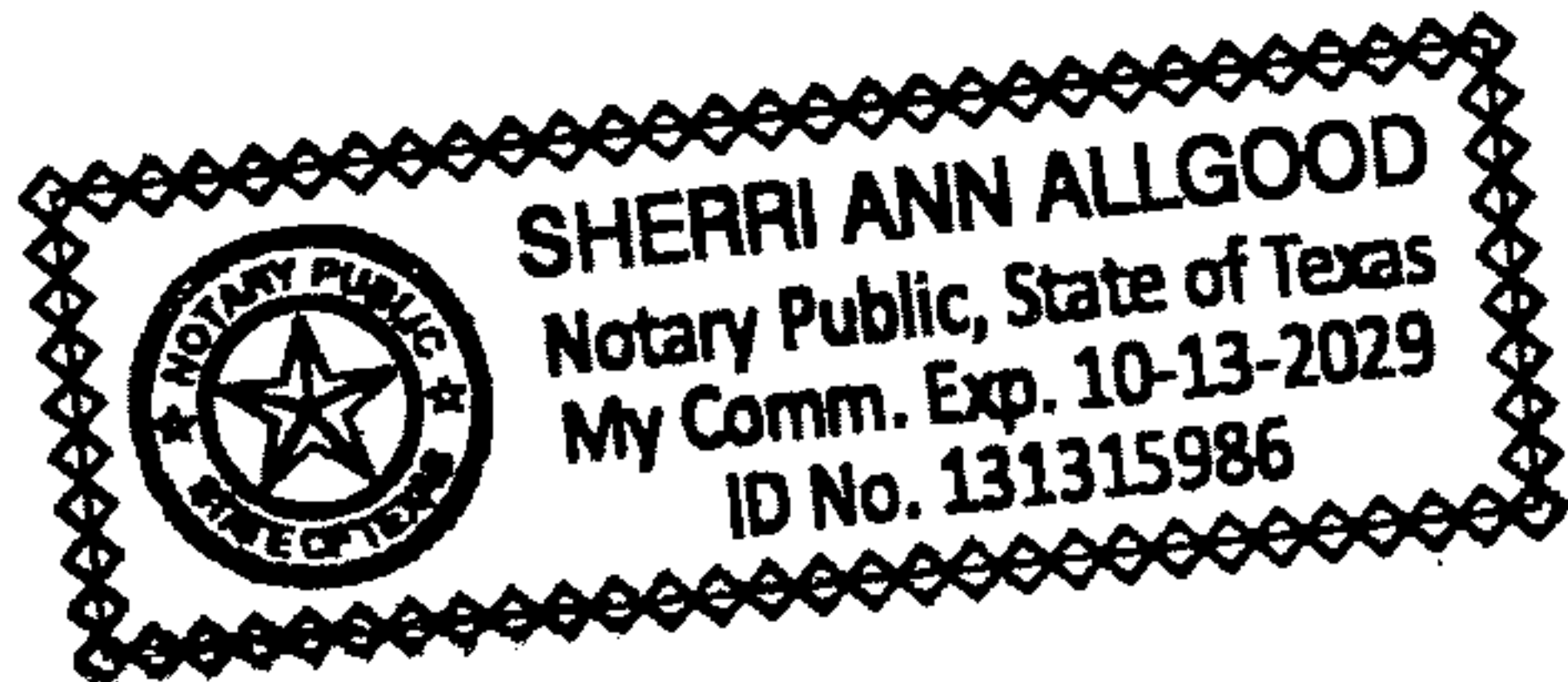
Notary Public, State of Texas
My commission expires: 10/13/2029

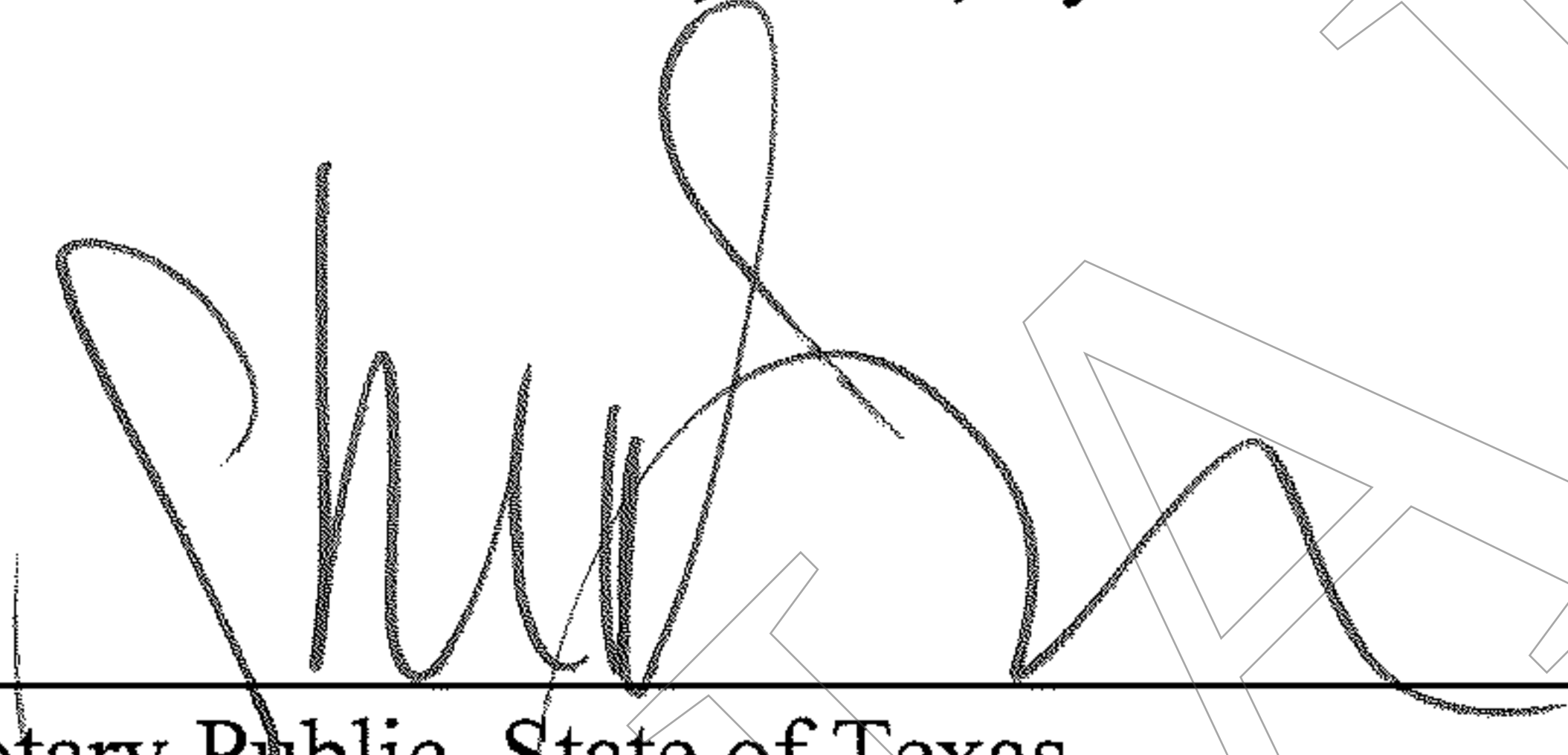
STATE OF TEXAS)

COUNTY OF BEXAR)

This instrument was acknowledged before me on October 6, 2025, by MARGARET JANE FOLEY JENSCHKE.

(Seal)




Notary Public, State of Texas
My commission expires: 10/13/2029

AFTER RECORDING RETURN TO:

Primavera Custom Homes LLC,
a Texas limited liability company

1006 Whitneys Ct.
San Antonio, TX 78260

GF: 2742043

**Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
10/08/2025 11:00:48 AM
PRISCILLA 3 Pages(s)
202506032345**



Bobbie Koepp