

Comal County Environmental Health

OSSF Inspection Sheet

Installer Name: MJ Septic

OSSF Installer #: OS0028816

1st Inspection Date: 10/29/26

2nd Inspection Date: _____

3rd Inspection Date: _____

Inspector Name: Hendry

Inspector Name: _____

Inspector Name: _____

Permit#: **119996**

Address: **4039 CORNWALL DR**

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	X	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)		X		
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	X	285.91(10) 285.30(b)(4) 285.31(d)		X		
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	X	285.32(a)(1)		X		
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	X	285.32(a)(3)		X		
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	X	285.32(a)(5)		X		
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

Inspector Notes: **10/29/26 CH:**

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1) (E) 285.91(2) 285.32(b)(1) (F) 285.32(b)(1)(E) (iii) 285.32(b)(1)(E)(ii) (II) 285.32(b)(1)(E)(ii) (I) 285.32(b)(1)(E) (i) 285.32(b)(1) (D) 285.32(b)(1)(C) (ii) 285.32(b)(1)(C) (i) 285.32(b)(1) (B) 285.32(b)(1) (A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	X	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		X		
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	X			X		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	X X		Existing ProFlo 5060; as per design (permit #116317)	X X		
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(c)(3)(A)-(F)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(4) 285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)	X	285.33(d)(6) 285.33(c)(4)	Surface spray	X		
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.	X	285.32(c)(1)		X		
34	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions	X X X X			X X X X		
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.	X			X		
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
38	PUMP TANK Secondary restraint system provided						
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	X	285.33(d)(2)(G)(iii)(II) 285.33(d)(2)(G)(iii)(III) 285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)		X		
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	X X	285.33(d)(2)(G) (i)285.33(d)(2) (A)285.33(d)(2)(F)		X X		
42	APPLICATION AREA Area Installed	X			X		
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



COMAL COUNTY

ENGINEER'S OFFICE

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

Permit Number: 119996

Issued This Date: 10/5/2026 10:28:47 AM

Issued to: PETER & THERESA HOTTENSTEIN

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

Location Description: 4039 CORNWALL DR
SPRING BRANCH TX 78070

Subdivision: WHISPERING HILLS

Unit: 0

Lot: 77

Block: 0

Acreage: 0.92

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 kgriffin at 1:24 pm, Sep 01, 2026



COMAL COUNTY

ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

--	--

Date Received

Initials

119996

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

09/01/2026

Date

___ COMPLETE APPLICATION

Check No. _____ Receipt No. _____

INCOMPLETE APPLICATION

___ (Missing Items Circled, Application Refused)

RECEIVED

By callen at 10:37 am, Sep 29, 2026

COMAL COUNTY
ENGINEER'S OFFICE**ON-SITE SEWAGE FACILITY APPLICATION**195 DAVID JONAS DR
NEW BRAUNFELS, TX 78132
(830) 608-2090
WWW.CCFO.ORGDate August 24, 2026Permit Number 119996**1. APPLICANT / AGENT INFORMATION**Owner Name PETER & THERESA HOTTENSTEIN
Mailing Address 4039 CORNWALL DRIVE
City, State, Zip SPRING BRANCH TEXAS 78070
Phone # 210-833-2300
Email hottenstein.pete@gmail.comAgent Name GREG JOHNSON, P.E.
Agent Address 170 HOLLOW OAK
City, State, Zip NEW BRAUNFELS, TEXAS 78132
Phone # 830-905-2778
Email gregjohnsonpe@yahoo.com**2. LOCATION**Subdivision Name WHISPERING HILLS Unit Lot 77 Block
Survey Name / Abstract Number Acreage
Address 4039 CORNWALL DRIVE City SPRING BRANCH State TX Zip 78070**3. TYPE OF DEVELOPMENT**☒ Single Family ResidentialType of Construction (House, Mobile, RV, Etc.) EXISTING HOUSENumber of Bedrooms 3Indicate Sq Ft of Living Area 2074☐ 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.

x Pete Hottenstein
Signature of OwnerDate 9/26/26



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Planning Materials & Site Evaluation as Required Completed By 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 PRO-FLO 5060,
600 gpd (#116317) Absorption/Application Area (Sq Ft) 4191

Gallons Per Day (As Per TCEQ Table III) 240

(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: _____



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 25, 2026

Date

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 (OSSFs), this document is filed in the Deed Records of Comal County, Texas.

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires 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):

UNIT/PHASE/SECTION BLOCK 77 LOT WHISPERING HILLS SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by (insert owner's full name): PETER HOTTENSTEIN & THERESA HOTTENSTEIN

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 31st DAY OF May, 2023

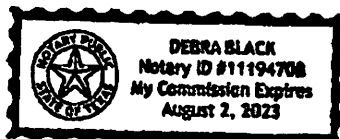
Peter Hottenstein
Owner(s) signature(s)
PETER HOTTENSTEIN

Peter Hottenstein
Owner(s) Printed name(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 31st DAY OF May, 2023

Debra Black
Notary Public Signature

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
06/08/2023 08:07:02 AM
TERRI 1 Pages(s)
202306018094



Bobbie Koepp

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: August 24, 2026

Site Location: WHISPERING HILLS, LOT 77

Proposed Excavation Depth: N/A

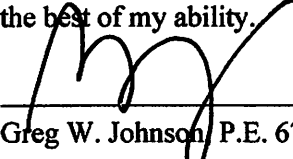
Requirements:

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

SOIL BORING NUMBER <u> </u> SURFACE EVALUATION						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 4"	BROWN
1						
2						
3						
4						
5						

SOIL BORING NUMBER <u> </u> SURFACE EVALUATION						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	SAME		AS		ABOVE	
1						
2						
3						
4						
5						

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


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

08/24/26
Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: August 25, 2026

Applicant Information:

Name: PETER & THERESA HOTTENSTEIN
Address: 4039 CORNWELL DRIVE
City: SPRING BRANCH State: TEXAS
Zip Code: 78070 Phone: (210) 833-2300

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 77 Unit Blk Subd. WHISPERING HILLS
Street Address: 4039 CORNWELL DRIVE
City: SPRING BRANCH Zip Code: 78070
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 <u> </u> NO <u>X</u>	
Existing or proposed water well in nearby area.	YES <u>X</u> NO <u> </u>	>100' (EXISTING)
Presence of adjacent ponds, streams, water impoundments	YES <u> </u> NO <u>X</u>	
Presence of upper water shed	YES <u> </u> NO <u>X</u>	
Organized sewage service available to lot	YES <u> </u> NO <u>X</u>	

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = GPD

Residential Water conserving fixtures to be utilized? Yes X No

Number of Bedrooms the septic system is sized for: 3 Total sq. ft. living area 2074

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

Q = (3 + 1) * 75 - (20%) = 240

Trash Tank Size 376 Gal.

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

Req'd Application Area = $Q/R_i = \frac{240}{0.064} = 3750$ sq. ft.

Application Area Utilized = 4149 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 = 768 Gal. 13.3 Gal/inch.

Reserve Requirement = 80 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

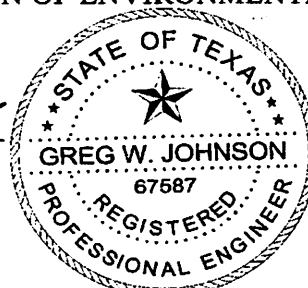
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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 SEPTEMBER 1, 2023)

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

08/25/24
DATE



FIRM #2585

By callen at 10:30 am, Oct 05, 2026

LOT 77

CORNWALL DRIVE

VICTORIA LANE

EXISTING 3 BDRM RES. 2074sf

DRIVEWAY

GRAVEL PATH

WELL

ABOVE GROUND WATER TANK

FENCE

PROANE

SHED

FIRE PIT

C/O

10'

51'

5'

DRIVEWAY

CARPORT

GARAGE (No Plumbing)

R100'

R32'

X

X

275.00'

35.36'

109.00'

300.00'

134.00'

96'

94'

92'

90'

88'

100'

20'

20'

20'

39'

20'

20'

49'

55'

EXISTING PRO FLO 5060 HCSP AEROBIC TREATMENT PLANT. PERMIT #116317

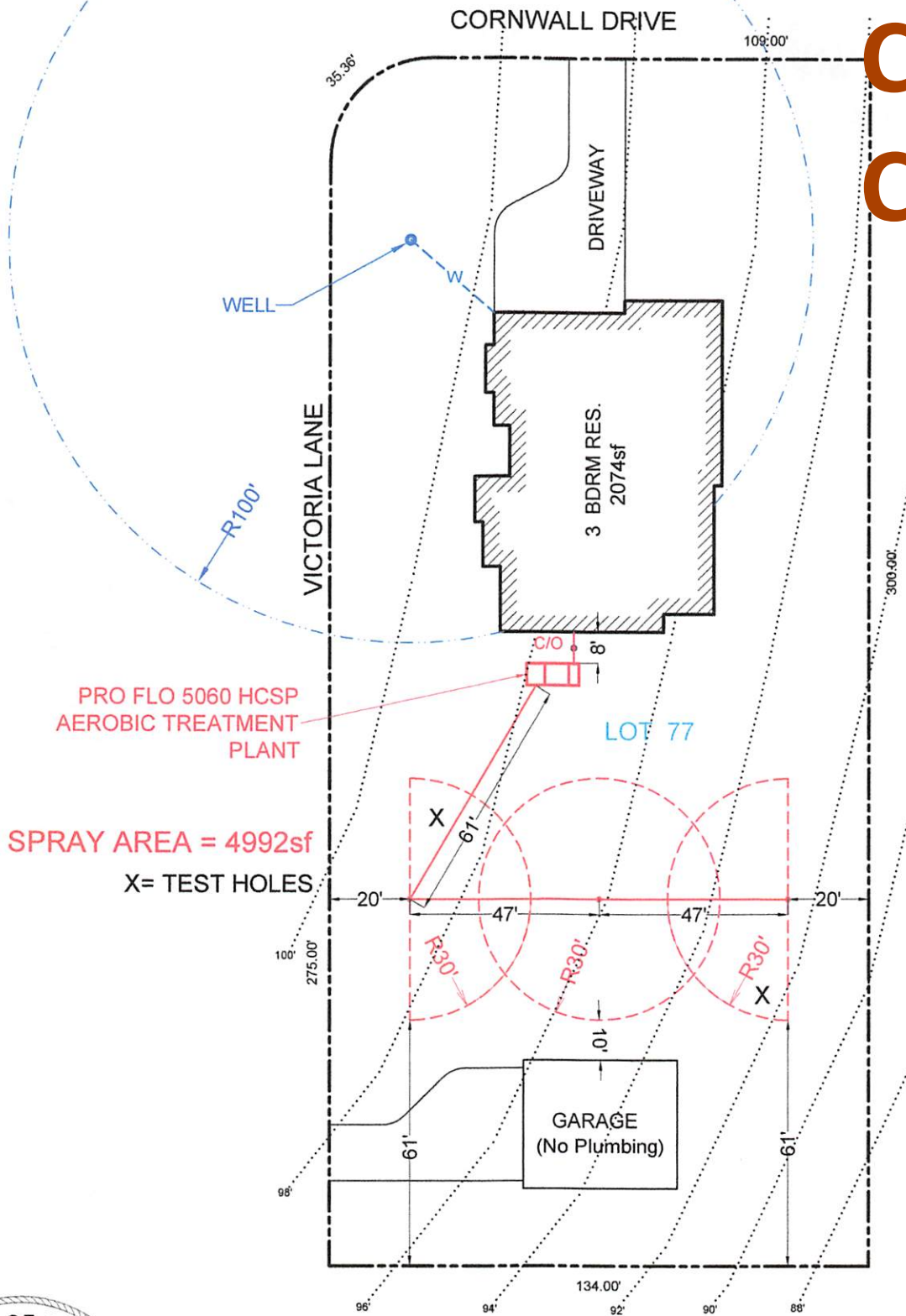
AY AREA = 4149sf

X= TEST HOLES

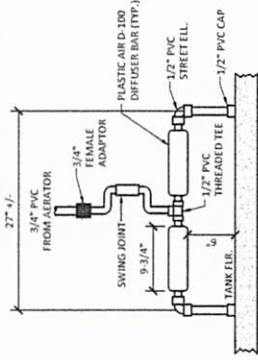
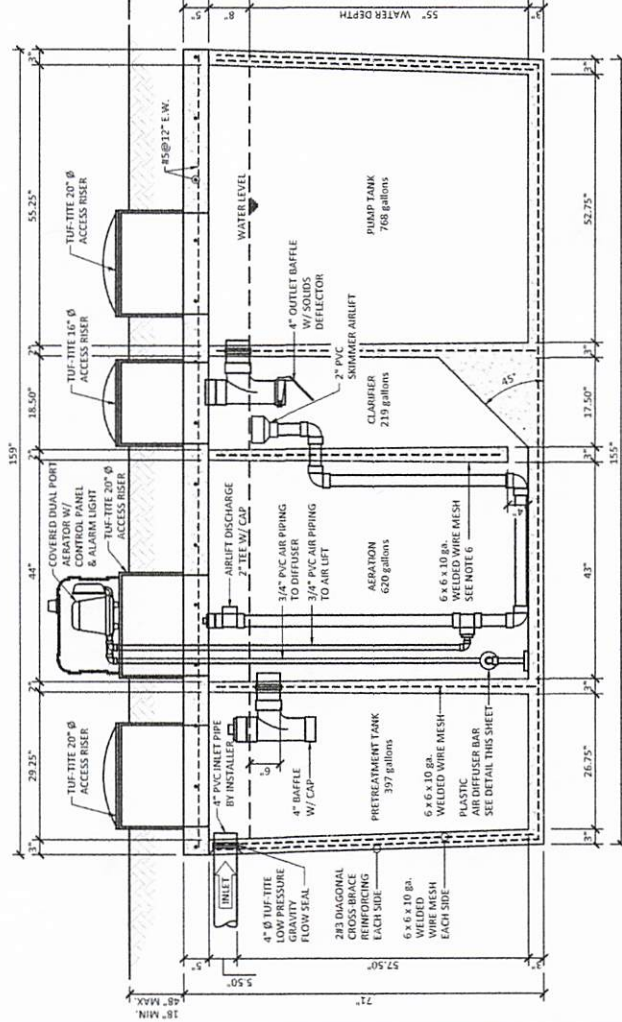
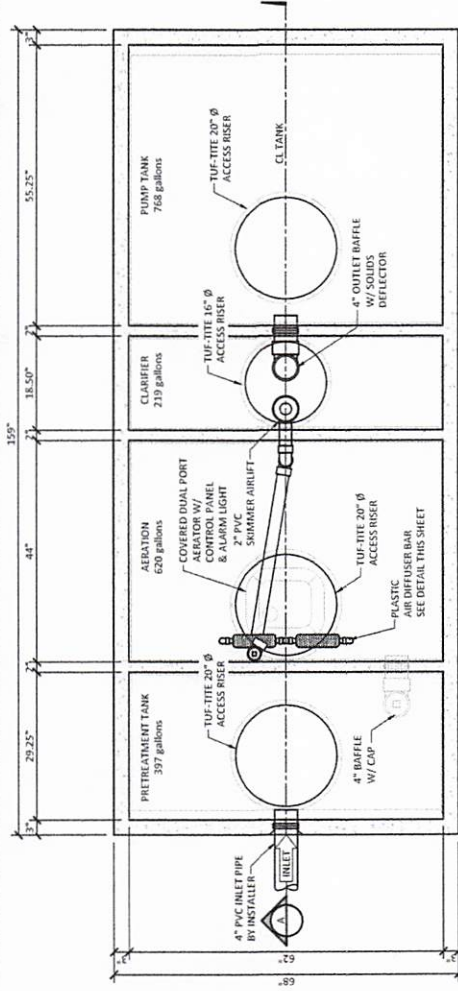


OWNER: PETER & THERESA HOTTENSTEIN		DRAWN BY: EJS III	
STREET ADDRESS: 4039 CORNWALL DRIVE			
LEGAL DESC: WHISPERING HILLS	UNIT/SECTION/PHASE:	BLOCK:	LOT: 77
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 8/25/2026	REVISED: 9/29/2026

CCEO
COPY



OWNER: PETER & THERESA HOTTENSTEIN					DRAWN BY: EJS III	
STREET ADDRESS: CORNWALL DRIVE						
LEGAL DESC: WHISPERING HILLS				UNIT/SECTION/PHASE:		BLOCK:
						LOT: 77
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: 1"=40'		DATE: 5/24/2023		REVISED: 5/25/2023



- GENERAL NOTES:**

1. ALL CONCRETE TO BE 4000 PSI, WITH A AGGREGATE SIZE OF 1/2" AND A MAXIMUM HUMIDITY OF 10%.
2. ALL JOINTS TO BE SEALED WITH A QUALITY GLOBBE SEALER.
3. THE SUE GRADE IS TO BE WITHIN 1/2" AND FREE OF FOREIGN OBJECTS.
4. PRETREATMENT TANK & CLARIFIER RISERS MAY BE BELOW GRADE.
5. A 2 1/2" THICK WALL TO BE SEALED WITH ASPHALTIC SEALANT.
6. WALL BETWEEN THE AERATION & CLARIFIER.
7. THE MANUFACTURER IS REQUIRED TO DEMONSTRATE THAT FAILURE WILL NOT OCCUR BY PHYSICALLY APPLYING LOADS TO THE TANK, THE LOAD APPLIED SHALL BE EQUAL TO THE WEIGHT OF THE TANK. FAILURE SHALL BE ATTENDED & CERTIFIED BY A REGISTERED PROFESSIONAL ENGINEER.

TANK DIMENSIONS		
TANK LENGTH (TOP)	359.00	in.
TANK LENGTH (BOTTOM)	355.00	in.
TANK WIDTH (TOP)	68.00	in.
TANK WIDTH (BOTTOM)	64.00	in.
TANK HEIGHT	71.00	in.
WALL THICKNESS	1.00	in.
FLOOR THICKNESS	1.00	in.
UD THICKNESS	5.00	in.
BOTTOM TO RILET	60.50	in.

TANK VOLUMES		
PRETREATMENT CAPACITY	397	gal.
ALIGATION CAPACITY	620	gal.
CARRIER CAPACITY	230	gal.
PUMP TANK CAPACITY	768	gal.
WATER DEPTH	55	in.
TANK CONCRETE VOLUME	96.11	ft ³
TANK UD CONCRETE VOLUME	77.97	ft ³
TANK UD WEIGHT (EMPTY)	12932	lbs.
UD WEIGHT	4196	lbs.
TOTAL TANK WEIGHT (EMPTY)	17128	lbs.

TANK VOLUMES		
POLYTREATMENT CAPACITY	397	gal.
ALLEGATION CAPACITY	620	gal.
CLASSIFIER CAPACITY	239	gal.
PUMPUP TANK CAPACITY	766	gal.
WATER DEPTH	55	in.
TANK CONCRETE VOLUME	86.11	YD ³
TANK U/D CONCRETE VOLUME	77.97	YD ³
TANK U/D CONCRETE (EMPTY)	1.04	YD ³
TANK U/D WASH (EMPTY)	42972	lbs.
U/D WEIGHT	4396	lbs.
TOTAL TANK WEIGHT (EMPTY)	17212	lbs.

TANK BUOYANCY CALCULATIONS			
TANK DIMENSIONS:			
Length =	157.0	inches =	11.3
Width =	68	inches =	5.7
Height =	71	inches =	5.9
Tank Displacement Volume =			444.2
Upfill Force @ 63.4 #/cu ft =			27720.5
			Lbs

Concept Tank (containing 1 impurity) =	17122	Case
Weight of Insured Equipment & Hatches =	350	Lbs
Total Tank Weight =	17762	Lbs
WEIGHT OF SOIL OVER TANK		
Length =	13.3	ft
Width =	5.7	ft
8 Section Area =	795.3	Sq Ft
LESS ACCESS HATCH AREAS		
1	36	Sq Ft
	3	1.05

3	20	inches =	-3.93	Sq Ft
Net Area for Soil Cover =			70.1093	Sq Ft
Height of Soil Cover =			18.0	inches
Soil Cover Volume =			105.2	
Compacted Height of Soil Cover =			100.00	Lbs/Cu Ft
Weight of Soil Cover =			10516.37	Lbs
Total Downward Force =			27778.37	Lbs

Since uplift force is negative, tank will not float when empty with indicated cover.	Test report number	37474
Soil skin friction has been neglected. Actual resistance will be higher.		

DATE _____
LATEX 2.09
CLASSICAL

71-61-4

AEROBIC WASTEWATER TREATMENT UNIT
FOR USE IN HARRIS COUNTY, TEXAS

20222 FM 362
WALLER, TEXAS 77484



PRO FLO AEROBIC SYSTEMS, LP
WASTEWATER TREATMENT SYSTEMS

[illegible][illegible]

WATER ENGINEERS, INC.
Water & Wastewater Treatment Consultants
17230 BUARD OF PROFESSIONAL ENGINEERS FIRM N. 2066
LYNNHURST ROAD
CYPRESS, TEXAS 77429
TEL: 281-373-0500
FAX: 281-373-1113

[illegible][illegible]

Q	gal.
Q	gal.
Q	gal.
Q	gal.
Q	in.
Q	FT ³
Q	FT ³
Q	lbs.
Q	lbs.
Q	lbs.

71	3.00	3.00	5.00	60.50
72	3.00	3.00	5.00	60.50
73	3.00	3.00	5.00	60.50
74	3.00	3.00	5.00	60.50
75	3.00	3.00	5.00	60.50
76	3.00	3.00	5.00	60.50
77	3.00	3.00	5.00	60.50
78	3.00	3.00	5.00	60.50
79	3.00	3.00	5.00	60.50
80	3.00	3.00	5.00	60.50
81	3.00	3.00	5.00	60.50
82	3.00	3.00	5.00	60.50
83	3.00	3.00	5.00	60.50
84	3.00	3.00	5.00	60.50
85	3.00	3.00	5.00	60.50
86	3.00	3.00	5.00	60.50
87	3.00	3.00	5.00	60.50
88	3.00	3.00	5.00	60.50
89	3.00	3.00	5.00	60.50
90	3.00	3.00	5.00	60.50
91	3.00	3.00	5.00	60.50
92	3.00	3.00	5.00	60.50
93	3.00	3.00	5.00	60.50
94	3.00	3.00	5.00	60.50
95	3.00	3.00	5.00	60.50
96	3.00	3.00	5.00	60.50
97	3.00	3.00	5.00	60.50
98	3.00	3.00	5.00	60.50
99	3.00	3.00	5.00	60.50
100	3.00	3.00	5.00	60.50

	BANK VO	3
	FVV	6
		2
		7
		1
	BRE	8
	HANE	2
	)	12
		4
	PPT)	12

5060 HCSP

MODEL No.

23

225

1

04 of 04



D. KAT LOUNG

OFFICE OF
LICENSING
3/068

Professional

J. Kuroki

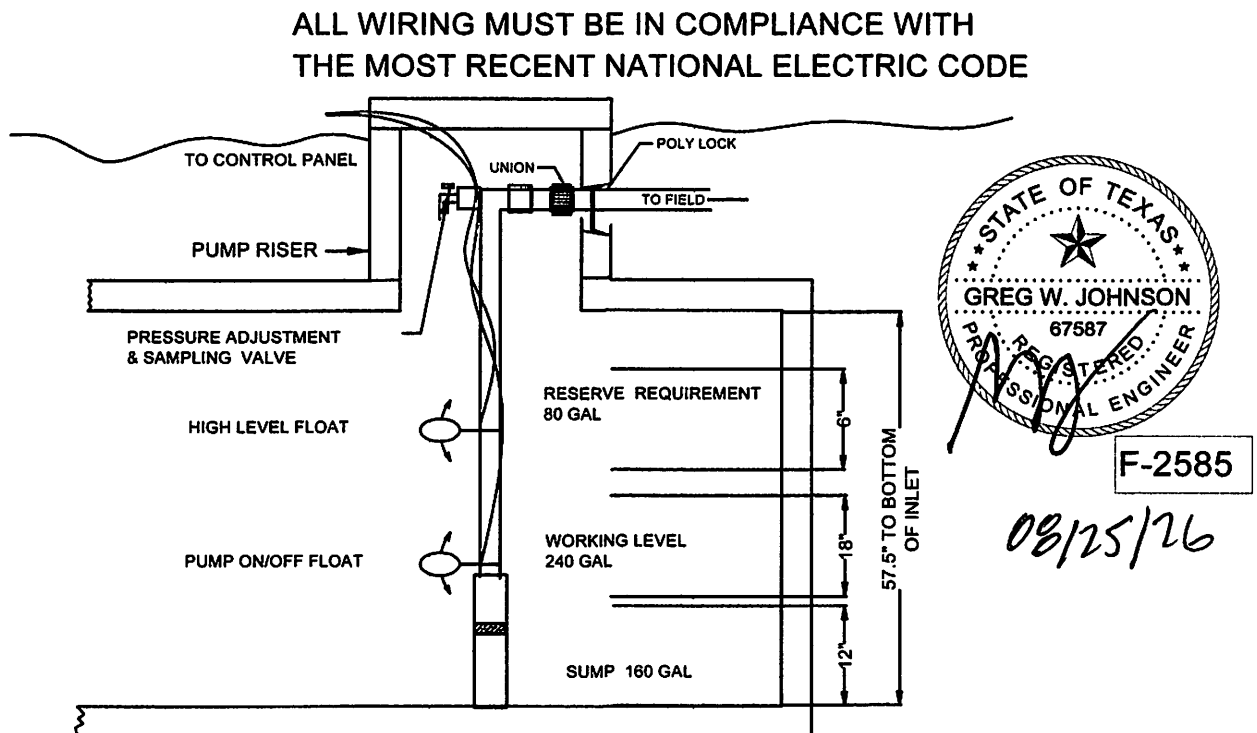
TANK NOTES:

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



**TYPICAL PUMP TANK CONFIGURATION
PRO-FLO 768 GAL PUMP TANK**

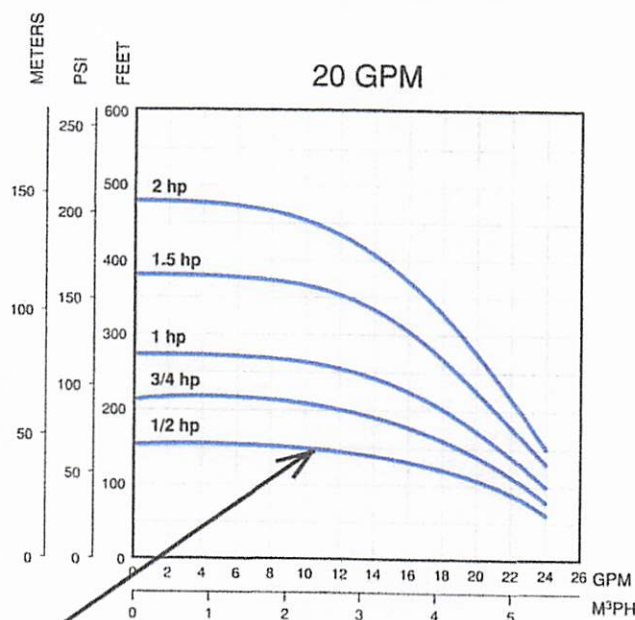
Environmental Series Pumps

K-RAIN PRO-PLUS

Low Angle Performance Data

NOZZLE	PRESSURE PSI	RADIUS Feet	FLOW GPM	PRECIP in/hr ■ ▲
#1.0	30	22	1.2	.48 .55
	40	24	1.7	.57 .66
	50	26	1.8	.51 .59
	60	28	2.0	.49 .57
#3.0	30	29	3.0	.69 .79
	40	32	3.1	.58 .67
	50	35	3.5	.55 .64
	60	37	3.8	.53 .62
#4.0	30	31	3.4	.68 .79
	40	34	3.9	.65 .75
	50	37	4.4	.62 .71
	60	38	4.7	.63 .72
#6.0	40	38	6.5	.87 1.00
	50	40	7.3	.88 1.01
	60	42	8.0	.87 1.01
	70	44	8.3	.86 0.99

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

VOID



OWNER: PETER & THERESA HOTTENSTEIN		DRAWN BY: EJS III	
STREET ADDRESS: 4039 CORNWALL DRIVE			
LEGAL DESC: WHISPERING HILLS	UNIT/SECTION/PHASE:	BLOCK:	LOT: 77
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 8/25/2026	REVISED:



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 August 24, 2026

Permit Number 119996

1. APPLICANT / AGENT INFORMATION

Owner Name PETER & THERESA HOTTENSTEIN
Mailing Address 4039 CORNWALL DRIVE
City, State, Zip SPRING BRANCH TEXAS 78070
Phone # 210-833-2300
Email hottenstein.pete@gmail.com

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

2. LOCATION

Subdivision Name WHISPERING HILLS Unit Lot 77 Block
Survey Name / Abstract Number Acreage
Address 4039 CORNWALL DRIVE City SPRING BRANCH State TX Zip 78070

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 2074

☐ 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

VOID

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.

X Pete Hottenstein

Signature of Owner

Date 9/26/26



COMAL COUNTY

ENGINEER'S OFFICE

RE: Whispering Hills Lot 77

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:

1. Both owners listed on the deed need to sign the application. ✓
- ✓ 2. Pipe may run under surface improvements if it is schedule 80 or sleeved.
- ✓ 3. Indicate location of 2nd test hole on design.
- ✓ 4. Revise accordingly and resubmit.

If you have any questions, you can email me or call the office.

Thank You,

| **Corey Allen** | Designated Representative OS0036769 |

| Comal County | www.cceo.org | f: 830-608-2078 | e: callen@comalcounty.gov

OKT 19020 NW DC
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

WARRANTY DEED WITH VENDOR'S LIEN

Date: November 2, 2022

Grantor: Kevin Wayne Ezell, Jr.

Grantor's Mailing Address: 4040 Cornwall Dr.
(including county) Spring Branch, Comal County, TX 78070

Grantee: Peter Hottenstein and Theresa Hottenstein

Grantee's Mailing Address: 5311 Mathis St
(including county) Midland, Midland County, TX 79707

Consideration: TEN AND NO/100 DOLLARS (\$10.00) and other valuable consideration and a note of even date in the principal amount of Forty-Five Thousand and no/100 DOLLARS (\$45,000.00) executed by Grantee payable to the order of RANDOLPH-BROOKS FEDERAL CREDIT UNION. The note is secured by a vendor's lien retained in favor of RANDOLPH-BROOKS FEDERAL CREDIT UNION in this deed and by a deed of trust of even date from Grantee to Morton W. Baird II, Trustee.

Property (including any improvements):

Lot 77 of WHISPERING HILLS, a subdivision in Comal County, Texas, according to the plat recorded in Volume 4, Pages 20-27 of the Map and Plat Records of Comal County, Texas.

Reservations from and Exceptions to Conveyance and Warranty:

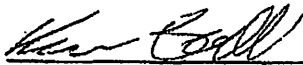
This conveyance is made subject to any easements, conditions, mandatory homeowners assessments and/or restrictions of record affecting the title to the hereinbefore described property.

Grantor, for the consideration and subject to the reservations from and 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 wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor hereby binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

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

RANDOLPH-BROOKS FEDERAL CREDIT UNION, at Grantee's request, has paid in cash to Grantor that portion of the purchase price of the property that is evidenced by the note described above. The vendor's lien and superior title to the property are retained for the benefit of RANDOLPH-BROOKS FEDERAL CREDIT UNION and are transferred to that party without recourse on Grantor.

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



Kevin Wayne Ezzell, Jr.

THE STATE OF TEXAS

COUNTY OF Bexar

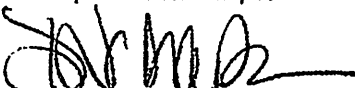
(Acknowledgment)

This instrument was acknowledged before me on the 2nd day of November, 2022.

by Kevin Wayne Ezzell, Jr.

Notary Public: check the appropriate box - and only one box - as applicable to this notarial act:

- ☒ This notarial act is a traditional notarization. The person(s) acknowledging is/are physically appearing before me.
- ☐ This notarial act is an online notarization. The person(s) acknowledging is/are appearing before me by an interactive two-way audio and video communication that meets the online notarization requirements under Subchapter C, Chapter 406, TX Government Code, and rules adopted under that subchapter.


Notary Public, State of Texas

Dawn Schapa
Notary's Name (printed)

Notary's commission expires

THE STATE OF TEXAS

COUNTY OF _____

(Acknowledgment)

This instrument was acknowledged before me on the _____ day of _____, 20____.

by

Notary Public: check the appropriate box - and only one box - as applicable to this notarial act:

- ☐ This notarial act is a traditional notarization. The person(s) acknowledging is/are physically appearing before me.
- ☐ This notarial act is an online notarization. The person(s) acknowledging is/are appearing before me by an interactive two-way audio and video communication that meets the online notarization requirements under Subchapter C, Chapter 406, TX Government Code, and rules adopted under that subchapter.

Notary Public, State of Texas

Notary's Name (printed)

Notary's commission expires

THE STATE OF TEXAS

}

(Acknowledgment)

COUNTY OF _____

This instrument was acknowledged before me on the _____ day of _____, 20____,

by

Notary Public: check the appropriate box - and only one box - as applicable to this notarial act:

- ☐ This notarial act is a traditional notarization. The person(s) acknowledging is/are physically appearing before me.
- ☐ This notarial act is an online notarization. The person(s) acknowledging is/are appearing before me by an interactive two-way audio and video communication that meets the online notarization requirements under Subchapter C, Chapter 406, TX Government Code, and rules adopted under that subchapter.

Notary Public, State of Texas

Notary's Name (printed)

Notary's commission expires

THE STATE OF TEXAS

}

(Acknowledgment)

COUNTY OF _____

This instrument was acknowledged before me on the _____ day of _____, 20____,

by

Notary Public: check the appropriate box - and only one box - as applicable to this notarial act:

- ☐ This notarial act is a traditional notarization. The person(s) acknowledging is/are physically appearing before me.
- ☐ This notarial act is an online notarization. The person(s) acknowledging is/are appearing before me by an interactive two-way audio and video communication that meets the online notarization requirements under Subchapter C, Chapter 406, TX Government Code, and rules adopted under that subchapter.

Notary Public, State of Texas

Notary's Name (printed)

Notary's commission expires

AFTER RECORDING RETURN TO:

Peter Huttenstein
5311 Mazza St
Midland, TX 79707

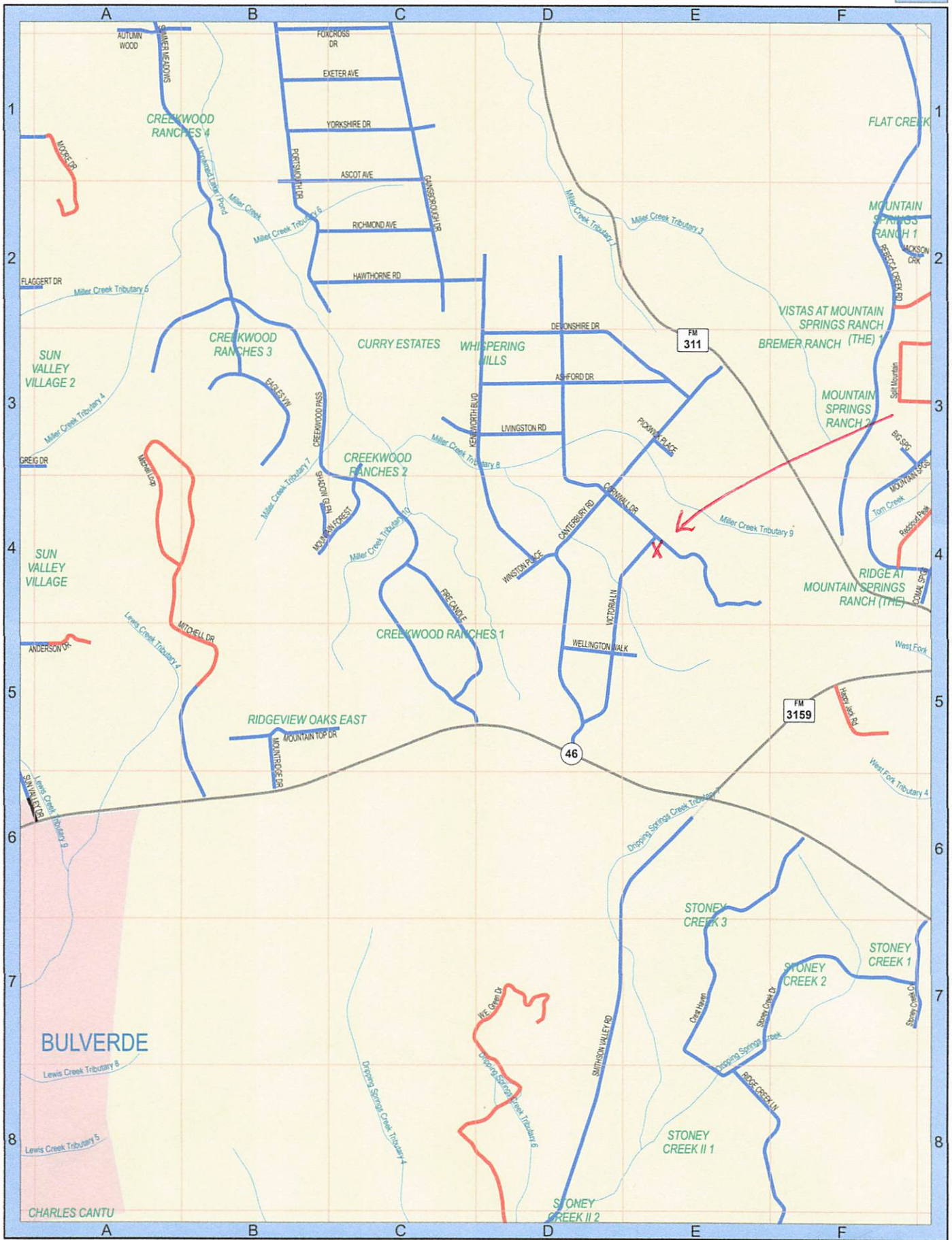
PREPARED IN THE LAW OFFICE OF:

MORTON W. BAIRD II
242 W. Sunset, Suite 201
San Antonio, Texas 78209

Filed and Recorded
Official Public Records
Bobbie Koeppe, County Clerk
Comal County, Texas
11/02/2022 03:54:41 PM
LAURA 3 Pages(s)
202206047298



Bobbie Koeppe



SEE PAGE 41