

Comal County Environmental Health

OSSF Inspection Sheet

Installer Name: _____

OSSF Installer #: _____

1st Inspection Date: _____

2nd Inspection Date: _____

3rd Inspection Date: _____

Inspector Name: _____

Inspector Name: _____

Inspector Name: _____

Permit#:

Address:

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials		285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)				
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards		285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)		285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot		285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)		285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

Inspector Notes:

**Comal County Environmental Health
OSSF Inspection Sheet**

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

**Comal County Environmental Health
OSSF Inspection Sheet**

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

**Comal County Environmental Health
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.		285.32(c)(1)				
34	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions						
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.						
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
38	PUMP TANK Secondary restraint system provided						
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

**Comal County Environmental Health
OSSF Inspection Sheet**

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



COMAL COUNTY

ENGINEER'S OFFICE

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

Permit Number: 118541
Issued This Date: 07/18/2025
This permit is hereby given to: SHEPHERDS RANCH

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

231 ADELINE LN
CITY OF BULVERDE, TX 78163

Subdivision: SHEPHERDS RANCH
Unit: 4
Lot: 98
Block: 0
Acreage: 3.1000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Septic Tank
Leaching Chambers

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.

Date April 2, 2025

Permit Number

REVISED

11:23 am, May 02, 2025

1. APPLICANT / AGENT INFORMATION

Owner Name	ROBERT JAMES & ANNA M. PENNINGTON
Mailing Address	231 ADELINE LANE
City, State, Zip	BULVERDE, TX 78163
Phone #	210-216-2794
Email	rjpennington@gmail.com

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

2. LOCATION

Subdivision Name SHEPHERDS RANCH Unit 4 Lot 98 Block _____

Survey Name / Abstract Number _____ Acreage _____

Address 231 ADELINE LANE City BULVERDE State TX Zip 78163

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) **PERSONAL SHOP**

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: \$ 25,000 (Structure Only)

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

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

Source of Water ☐ Public ☒ Private Well ☐ Public 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.

Robert Penning
Signature of Owner

4/30/2025
Date

Anna Ryz

05/01/2025



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

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

System Description PROPRIETARY; SEPTIC TANK AND LEACHING CHAMBERS

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

Tank Size(s) (Gallons) 750 GAL. DUAL COMP. SEPTIC TANK Absorption/Application Area (Sq Ft) 200

Gallons Per Day (As Per TCEQ Table III) 50 DESIGN RATE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If yes, indicate the city: BULVERDE



FIRM #2585

By signing this application, I certify that:

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

Signature of Designer [Signature]

Date April 2, 2025

THE COUNTY OF COMAL
STATE OF TEXAS

CERTIFICATION OF SINGLE FAMILY DWELLING

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

I

ROBERT JAMES & ANNA M.

Before me this day appeared PENNINGTON, being the owners of the referenced property at 231 ADELINE LANE. They further state that the Residence and any additional living space on this property will be occupied only by a single family.

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

4 UNIT BLOCK 98 LOT SHEPHERDS RANCH SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by ROBERT JAMES PENNINGTON & ANNA M. PENNINGTON

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

[Signature]
OWNER (SIGNATURE)

X [Signature]
OWNER (SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 4 DAY OF April, 20 25 BY

ROBERT JAMES PENNINGTON
OWNER NAME (PRINTED)

ANNA M. PENNINGTON
OWNER NAME (PRINTED)

[Signature]
Notary Public Signature



ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: April 01, 2025

Site Location: 231 ADELINE LANE - SHEPHERDS RANCH, UNIT 4, LOT 98

Proposed Excavation Depth: 18"-36"

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.

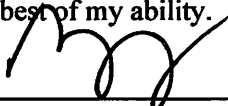
For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

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

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

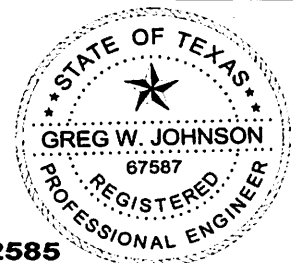
I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.



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

04/01/25

 Date



FIRM #2585

Date: March 07, 2025
Applicant Information:

Name: ROBERT JAMES & ANNA M. PENNINGTON
Address: 231 ADELINE LANE
City: BULVERDE State: TEXAS
Zip Code: 78163 Phone: (210) 216-2794

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

Lot 98 **Unit** 4 **Blk** _____ **Subd.** SHEPHERDS RANCH
Street Address: 231 ADELINE LANE
City: BULVERDE **Zip Code:** 78163
Additional Info.:

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

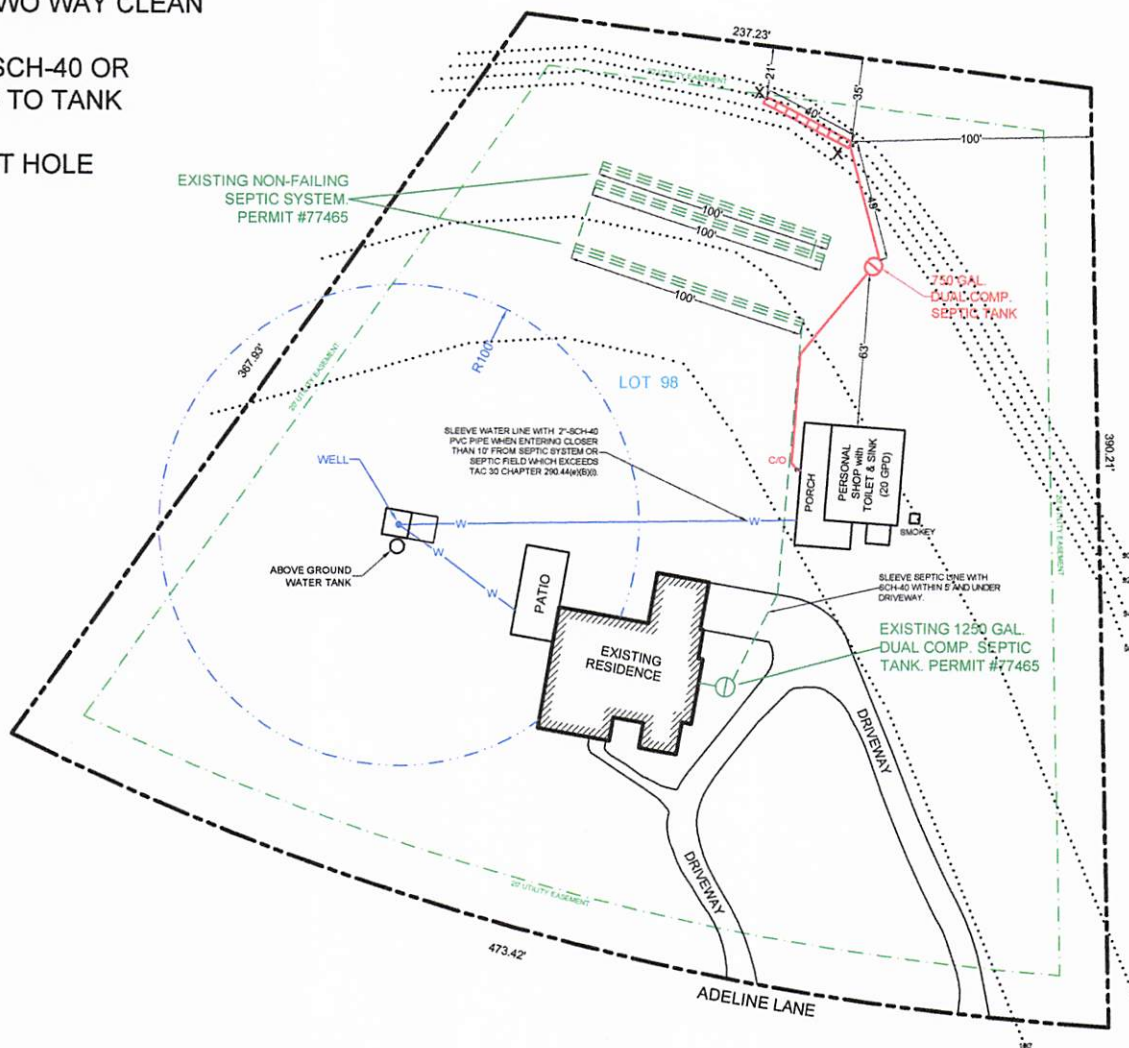
FIRM #2585

INSTALL 200sf OF FIELD
USING 8 - 5'-0"
LEACHING CHAMBER
PANELS. THERE SHALL
BE NO PARKING,
DRIVING OR STORAGE
ON THE SEPTIC FIELD
AT ANY TIME FOR ANY
REASON.

*USE TWO WAY CLEAN
OUT

**USE SCH-40 OR
SDR-26 TO TANK

X= TEST HOLE

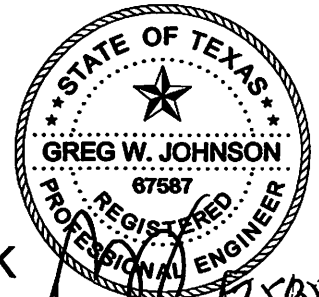
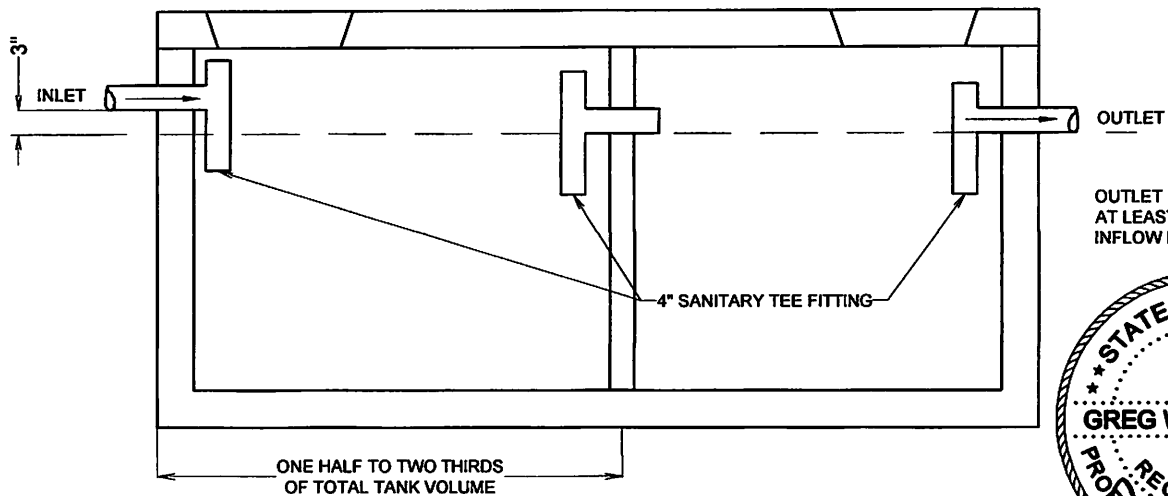


OWNER: ROBERT JAMES & ANNA M. PENNINGTON		DRAWN BY: EJS III	
STREET ADDRESS: 231 ADELINE LANE			
LEGAL DESC: SHEPHERDS RANCH	UNIT/SECTION/PHASE: 4	BLOCK:	LOT: 98
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=80'	DATE: 3/7/2025	REVISED: 4/2/2025

X= TEST HOLE

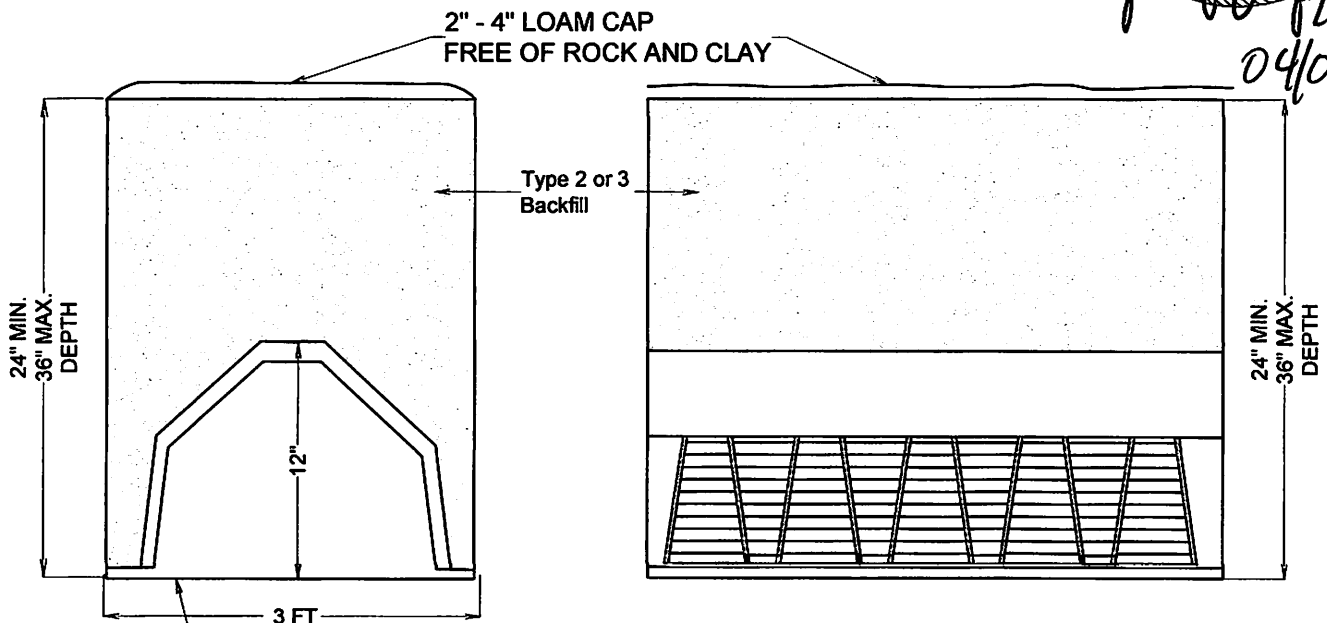


OWNER: ROBERT JAMES & ANNA M. PENNINGTON		DRAWN BY: EJS III	
STREET ADDRESS: 231 ADELINE LANE			
LEGAL DESC: SHEPHERDS RANCH		UNIT/SECTION/PHASE: 4	BLOCK: LOT: 98
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 3/7/2025	REVISED: 4/2/2025

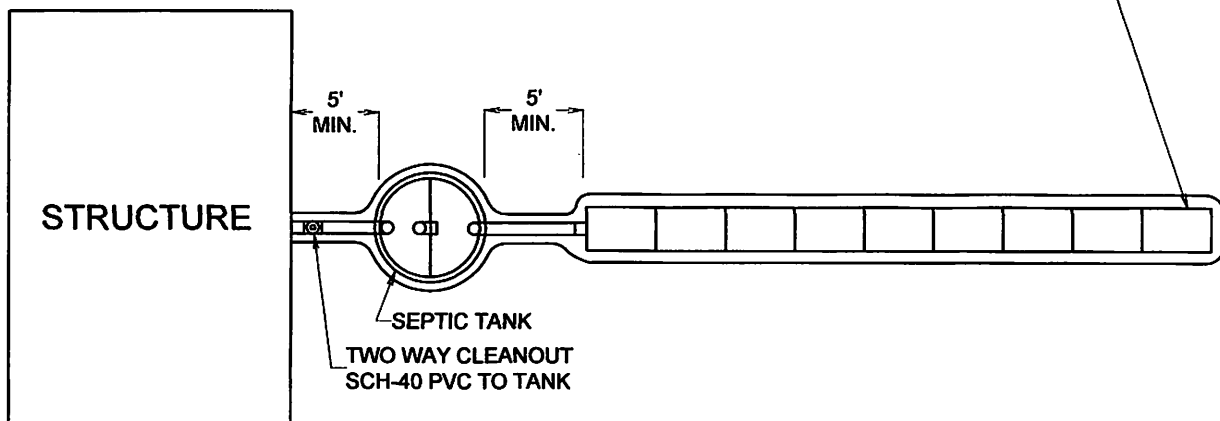


Handwritten: 12585
04/02/25

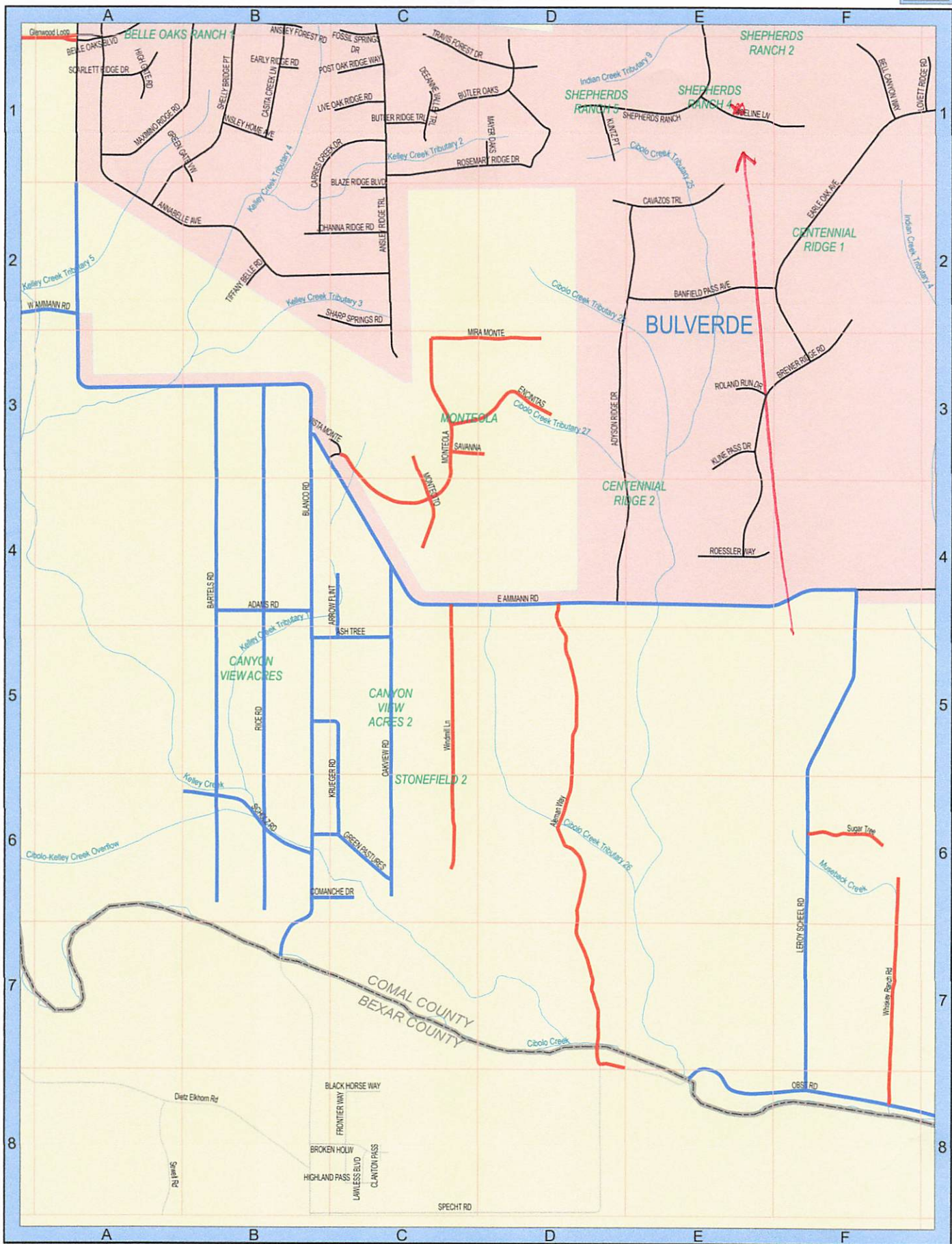
TYPICAL TWO COMPARTMENT SEPTIC TANK



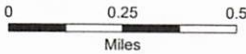
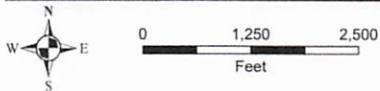
HANCOR ARC 36 LEACHING CHAMBER DETAIL



HANCOR ARC 36 LEACHING CHAMBER DETAIL



SEE PAGE 52



RECEIVED

By Brenda Ritzen at 8:08 am, Jul 18, 2025

PERMIT

PERMIT #: 2025-239

PROJECT ADDRESS: 231 Adeline Lane Accessory Building

DESIGNATION: Residential

OWNER NAME: Robert Pennington

PERMIT TYPE: New Single Family
(Residential)



ISSUED TO (CONTRACTOR): Robert Pennington
231 Adeline Lane (210) 216-2794
rjpennington@gmail.com

Issued Date: July 17, 2025


Expiration Date: January 13, 2026

STIPULATIONS IF ANY:

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

From: [Ritzen,Brenda](#)
To: ["Greg Johnson"](#); ripennington@gmail.com; [Claudia Cardenas](#)
Subject: RE: Permit 118541
Date: Friday, May 2, 2025 11:25:00 AM
Attachments: [image001.png](#)

Steve,

I have  updated the permit file. I will await the approved building permit for the shop before further processing of the septic permit.

Thank you,



Brenda Ritzen
Environmental Health Coordinator
195 David Jonas Dr.
New Braunfels, TX 78132
DR:OS00007722
830-608-2090
www.cceo.org

From: Greg Johnson <gregjohnsonpe@yahoo.com>
Sent: Friday, May 2, 2025 9:03 AM
To: rjpennington@gmail.com; Ritzen,Brenda <rabbjr@co.comal.tx.us>; Claudia Cardenas <ccardenas@bulverdetx.gov>
Subject: Re: Permit 118541

This email originated from outside of the organization.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

- Comal IT

Brenda see attached application

Steve

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

170 Hollow Oak

New Braunfels, TX 78132

From: [Ritzen,Brenda](#)
To: rjpennington@gmail.com; "[gregjohnsonpe@yahoo.com](mailto:(gregjohnsonpe@yahoo.com))"
Subject: Permit 118541
Date: Wednesday, April 30, 2025 2:45:00 PM
Attachments: [image001.png](#)

**Re: Robert James & Anna M. Pennington
Shepherds Ranch Unit 4 Lot 98
Application for Permit for Authorization to Construct an On-Site
Sewage Facility (OSSF)**

Owner / Agent :

The following information is needed before I can continue processing the referenced permit submittal:

- ✓ **Both property owners must sign the permit application.**
- 2. Submit a copy of the building permit from the City of Bulverde for the personal shop with toilet and sink.**

Thank you,



Brenda Ritzen
Environmental Health Coordinator
195 David Jonas Dr.
New Braunfels, TX 78132
DR:OS00007722
830-608-2090
www.cceo.org



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE TREATMENT APPLICATION

VOID

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

WWW.CCTO.ORG

Date April 2, 2025

Permit Number 118541

1. APPLICANT / AGENT INFORMATION

Owner Name ROBERT JAMES & ANNA M. PENNINGTON

Agent Name GREG W. JOHNSON, P.E.

Mailing Address 231 ADELINE LANE

Agent Address 170 HOLLOW OAK

City, State, Zip BULVERDE, TX 78163

City, State, Zip NEW BRAUNFELS, TX 78132

Phone # 210-216-2794

Phone # 830-905-2778

Email rjpennington@gmail.com

Email gregjohnsonpc@yahoo.com

2. LOCATION

Subdivision Name SHEPHERDS RANCH Unit 4 Lot 98 Block

Survey Name / Abstract Number Acreage

Address 231 ADELINE LANE City BULVERDE State TX Zip 78163

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) PERSONAL SHOP

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

VOID

Estimated Cost of Construction: \$ 25,000 (Structure Only)

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

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

Source of Water ☐ Public ☒ Private Well ☐ Public 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.

Robert James Pennington
Signature of Owner

04/04/2025
Date

3/TM (4)



201506034517 08/27/2015 03:14:31 PM 1/3

Warranty Deed with Vendor's Lien

C101-15-22562-52

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.

Date: August 24, 2015

Grantor: Thomas N. Haymaker, Sr., a single person and Lisa L. Haymaker, k/n/a Lisa Lynne Johnson-Haymaker, a single person

Grantor's Mailing Address: _____

Grantee: Robert James Pennington and Anna M. Pennington, husband and wife

Grantee's Mailing Address: _____

Consideration:

Cash and other good and valuable consideration along with a note of even date executed by Grantee and payable to the order of Cornerstone Home Lending in the principal amount of \$299,250.00. The note is secured by a first and superior vendor's lien and superior title retained in this deed in favor of Cornerstone Home Lending and by a first-lien deed of trust of even date from Grantee to Scott R. Valby, trustee.

Property (including any improvements):

Lot 98, SHEPHERDS RANCH SUBDIVISION, UNIT 4, a subdivision in Comal County, Texas, according to the Plat thereof recorded in Volume 11, Page 219, Plat Records, Comal County, Texas.

Reservations from Conveyance:

This conveyance, however, is made and accepted subject to any and all restrictions, encumbrances, easements, covenants and conditions, if any, relating to the hereinabove described property as the same are filed for record in the County Clerk's Office of Comal County, Texas.

Exceptions to Conveyance and Warranty:

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.

The vendor's lien against and superior title to the Property are retained until each note described is fully paid according to its terms, at which time this deed will become absolute. The Vendor's Lien and Superior Title herein retained are hereby transferred, assigned, sold and conveyed to **Cornerstone Home Lending**, the payee of such Note, and the successors and assigns of such payee.

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

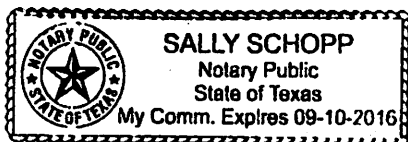
EXECUTED this 14 day of August, 2015.

Thomas N. Haymaker Sr.
Thomas N. Haymaker, Sr.

Lisa Lynne Johnson-Haymaker

THE STATE OF TEXAS §
 §
COUNTY OF Brewer §

The foregoing instrument was acknowledged before me on the 14 day of August, 2015 by Thomas N. Haymaker, Sr. and Lisa Lynne Johnson-Haymaker 26



Sally Schopp
NOTARY PUBLIC, STATE OF TEXAS

AFTER RECORDING, RETURN TO:

PREPARED IN THE LAW OFFICE OF
Shaddock & Associates, P. C.
2400 N. Dallas Parkway, Ste. 560
Plano, Texas 75093

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.

The vendor's lien against and superior title to the Property are retained until each note described is fully paid according to its terms, at which time this deed will become absolute. The Vendor's Lien and Superior Title herein retained are hereby transferred, assigned, sold and conveyed to **Cornerstone Home Lending**, the payee of such Note, and the successors and assigns of such payee.

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

EXECUTED this ____ day of August, 2015.

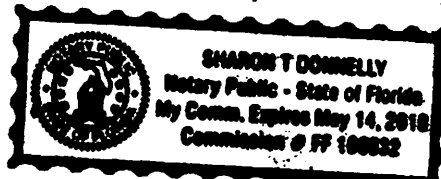
Thomas N. Haymaker, Sr.

Lisa Lynne Johnson Haymaker
Lisa Lynne Johnson-Haymaker

FLORIDA
THE STATE OF TEXAS §
COUNTY OF Levy §

The foregoing instrument was acknowledged before me on the 24th day of August, 2015 by Thomas N. Haymaker, Sr. and Lisa Lynne Johnson-Haymaker.

Sharon T. Donnelly
NOTARY PUBLIC, STATE OF TEXAS



AFTER RECORDING, RETURN TO:

PREPARED IN THE LAW OFFICE OF
Shaddock & Associates, P. C.
2400 N. Dallas Parkway, Ste. 560
Plano, Texas 75093

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
08/27/2015 03:14:31 PM
CASHTWO 3 Page(s)
201506034517



Bobbie Koepp



COMAL COUNTY

ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

		118541
Date Received	Initials	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

04/10/2025

Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION
___ (Missing Items Circled, Application Refeused)