Comal County Environmental Health
OSSF Inspection Sheet

Installer Name: STWWT **OSSF Installer #:** OS0008048

1st Inspection Date: 11/10/25 **2nd Inspection Date:** **3rd Inspection Date:**

Inspector Name: Corey Allen **Inspector Name:** **Inspector Name:**

Permit#: 118801 **Address:** 381 Mexican Hat 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: **11/10/25 EG: Tight line tank good. Ready for cover.**

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OSSF Inspection Sheet

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If SingleTank, 2Compartments Provided withBaffle SEPTIC TANK Inlet Flowline Greater than3" and " T " Provided on Inlet and OutletSEPTIC TANK Septic Tank(s) MeetMinimum Requirements		285.32(b)(1) (E)285.91(2)285.32(b)(1) (F)285.32(b)(1)(E) (iii)285.32(b)(1)(E)(ii) (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 providedSEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed			1000			
14	AEROBIC TREATMENT UNIT Size Installed	X		750	X		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	X X		Jet	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)				

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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 Application	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
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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		
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	X			X		

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 X	285.33(d)(2)(G) (i)285.33(d)(2) (A)285.33(d)(2)(F)		X		
42	APPLICATION AREA Area Installed	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:	118801
Issued This Date:	10/01/2025
This permit is hereby given to:	Randal & Carolyn Bartemeyer

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

381 MEXICAN HAT DR
SPRING BRANCH, TX 78070

Subdivision:	Mystic Shores
Unit:	8
Lot:	899
Block:	0
Acreage:	0.0000

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.

REVISED
4:03 pm, Jul 31, 2025

* * * COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * * *

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

Date 7/1/25 Permit # 118801

Owner Name	Randal & Carolyn Bartemeyer	Agent Name	South Texas Wastewater Treatment
Mailing Address	381 Mexican Hat Drive	Agent Address	PO Box 1284
City, State, Zip	Spring Branch, TX 78070	City, State, Zip	Boerne, TX 78006
Phone #	281-733-8611	Phone #	(830) 249-8098
Email	EARTBARN@LIVE.COM	Email	diandra@stwastewater.com

All correspondence should be sent to: ☐ Owner ☒ Agent ☐ Both Method: ☐ Mail ☒ Email

Subdivision Name Mystic Shores Unit 8 Lot 899 Block

Acreage/Legal

Street Name/Address 381 Mexican Hat Drive City Spring Branch Zip 78070

Type of Development:

☒ Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) Single Family Home

Number of Bedrooms 4

Indicate Sq Ft of Living Area 2410

☐ 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: $ 625,000 (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

Are Water Saving Devices Being Utilized Within the Residence? ☒ Yes ☐ No

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 Carolyn D Bartemeyer Date 7/1/25

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

* * * COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * * *

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

Planning Materials & Site Evaluation as Required Completed By South Texas Waste Water Treatment

System Description Aerobic/ Surface Spray

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

Tank Size(s) (Gallons) 750/1000 Absorption/Application Area (Sq Ft) 5654

Gallons Per Day (As Per TCEQ Table III) 360

(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.)

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

07/01/2025
Date

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

AFFIDAVIT TO THE PUBLIC

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, 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, gives the TCEQ 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 TCEQ, 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 TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ 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 899 Block ___ Subdivision Mystic Shores Unit 8

not in Subdivision: ___ Acres _____ _____ Survey

The property is owned by Randal & Carolyn Bartemeyer

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.

Randal Bartemeyer _____ Owner Name _____ Owner Signature ●

Carolyn Bartemeyer _____ Owners Name _____ Owners Signature ●

This instrument was acknowledged before me on: 1st Day of July, 20 25

Jamie Elaine Eylar Notary's Printed Name

Jamie Elaine Eylar Notary Public, State of Texas ●

Commission Expires: 05/30/2027

JAMIE ELAINE EYLAR
Notary ID #134382238
My Commission Expires
May 30, 2027

Affix Notary Stamp Above

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
07/01/2025 01:38:30 PM
TERRI 1 Pages(s)
202506020322

Bobbie Koepp

South Texas Waste Water Treatment, LLC
PO Box 1284
Boerne, TX 78006

Date Printed: 6/30/2025

Phone: (830) 249-8098

Customer ID: 8270

To: Randal & Carolyn Bartemeyer - Main House
381 Mexican Hat Drive
Spring Branch, TX 78070

Site: 381 Mexican Hat Drive, Spring Branch, TX 78070
County: Comal
Subdivision: Mystic Shores 8

Installed by: Ronald R Graham
Contract with: South Texas Waste Water Treatment, LL
Treatment Type: Aerobic / Disposal: Surface Application
MFG: Jet, Inc. / Brand: J750/1000 - 2 yr Spray / S#:
Disinfectant: Chlorine

Contract Period

through

NO PERMIT ON FILE
Agency: Comal County Environmental
3 visits per year - one every 4 months
System Max Allowance: 360 gallons per day

I. General. This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between South Texas Wastewater Treatment and the above referrenced name (referred to as Customer). By this agreement, South Texas Wastewater Treatment and its' employees (hereinafter referred to as "Contractor") agree to render services at the site address stated above, as described herein, and the Customer agrees to fulfill his/her/their responsibilities, as described herein.

II. Effective Dates. This agreement commences and ends as noted above. The date of commencement will be the date the "License to Operate" was issued by the permitting authority. The agreement may or may not commence at the same time as any warranty period of installed equipment, but in no case shall it extend the specified warranty as stated in our PROPOSAL AND CONTRACT FOR SERVICES.

III. Renewal. This Agreement can renew for an additional period of two (2) years at the same terms and conditions unless either party gives notice of termination a minimum of thirty (30) days prior to end of first agreement period. See Section IV.

IV. Termination of Agreement. This Agreement may be terminated by either party with thirty (30) days written notice for any reason, including for example, substantial failure to perform in accordance with its terms, without fault or liability of the terminating party. NO REFUNDS. If this Agreement is so terminated, Contractor will be paid at the rate of $135.00 per hour for any work performed and for which compensation has not been received. Either party terminating this agreement for any reason, including non-renewal, shall notify in writing the appropriate regulatory agency a minimum of thirty (30) days prior to the date of such termination.

V. Services. Contractor will:

A. Inspect and perform routine upkeep on the On-Site Sewage Facility (hereinafter referred to as OSSF) as recommended by the treatment system manufacturer, and required by state and/or local regulations approximately every four months.

B. Provide a written record of visits to the site by means of an inspection tag attached to or contained in or near the control panel.

C. Repair or replace: if repairs or replacement of parts is necessary during a routine service visit, the repair or replacement of parts will be made at that time, if the charges for parts do not exceed $100.00. If the charges for parts exceed $100.00, the homeowner will be contacted for approval at the number(s) provided by the homeowner below. If the homeowner cannot be reached for approval while the technician is at the property, the repairs will not be made if they exceed $100.00. **If the technician receives approval after he leaves the property, a service call charge of $165.00 to return to the property will be added to the final bill.** If warranted items are required to be replaced within 30 days of installation, labor will not be charged. After 30 days, labor will be charged according to the service agreement.

D. Provide sample collection and laboratory testing of TSS and BOD on a yearly basis as required by permit. An additional charge will be incurred by the Customer for this service. (Only required for other than single family residence.)

E. Forward copies of this Agreement and all reports to the regulatory agency and the customer within 14 days.

F. Visit site in response to Customer's request for unscheduled service within forty-eight (48) hours of the date of notification of said request. **Unless otherwise covered by warranty, costs for such unscheduled responses will be billed to Customer.**

VI. Disinfection ____Not Required __X__ Required. The responsibility to maintain the disinfection device (s) and provide any [illegible] chemicals is that of the Customer. If the Customer pays for it, Contractor will add 6 tablets of chlorine at routine services. (See Section V. Sub-section **A)** _____ **INITIAL**

VII. Electronic Monitoring ___ is _X_ is not included in this Agreement.

VIII. Performance of Agreement. Commencement of performance by Contractor under this agreement is contingent on the following conditions:

A. **If this is an initial agreement (new installation):**
   1. Contractor's receipt of a fully executed original copy or email of this agreement and all documentation requested by Contractor.
   2. Contractor providing the equipment and installation for this OSSF.
   3. Contractor's receipt of payment in full for the equipment and installation.
   4. Contractor's receipt of payment of the wastewater monitoring fee in accordance with the terms as described in section XIV of this Agreement.

B. If this is not an initial agreement (existing system):
   1. Contractor's receipt of a fully executed original copy of this agreement and all documentation requested by Contractor.
   2. Contractor's receipt of payment of the wastewater monitoring fee in accordance with the terms as described in Section XIV of this agreement.

C. If the above conditions are not met, Contractor is not obligated to perform any portion of this agreement.

IX. Customer's Responsibilities: The Customer is responsible for each and all of the following:

A. **DO NOT ALLOW ALTERATION TO ANY PART OF THE SYSTEM OR SPRINKLER HEAD LOCATIONS. ALTERATIONS WOULD PUT THE SYSTEM OUT OF COMPLIANCE AND WOULD CAUSE THE PROPERTY OWNER ADDITIONAL EXPENSES TO BRING THE SYSTEM BACK INTO COMPLIANCE.**

B. Provide all necessary yard or lawn maintenance and the removal of all obstacles, including but not limited to dogs and other animals, vehicles, trees, brush, trash, or debris, as needed to allow the OSSF to function properly, and to allow Contractor safe and easy access to all parts of the OSSF.

C. Protect equipment from physical damage including but not limited to that damage caused by insects.

D. Maintain a current license to operate, and abide by the conditions and limitations of that license, and all requirements for an on-site sewage facility (OSSF) from the State and/or local regulatory agency, whichever are more stringent, as well as proprietary system's.

E. Notify Contractor immediately of any and all alarms, and/or any and all problems with, including failure of, the OSSF.

F. Provide, upon request by Contractor, water usage records for evaluation by Contractor as to the performance of the OSSF.
G. Allow for samples at both the inlet and outlet of the OSSF to be obtained by Contractor for the purpose of evaluating the OSSF's performance. If these samples are taken to a laboratory for testing, with the exception of the service provided under Section. Sub-section D above, Customer agrees to pay Contractor for sample collection and transportation, portal to portal, at a rate of $165.00 per hour plus the associated fees for laboratory testing.
H. Prevent the backwash or flushing of water treatment of conditioning equipment from entering the OSSF.
I. Prevent the condensate from air conditioning or refrigeration units, or the drains of icemakers, from hydraulically overloading the aerobic treatment units. Drain lines may discharge into the surface application pump tank if approved by system designer.
J. Provide for pumping and cleaning of tanks and treatment units, when and as recommended by Contractor, at Customer's expense.
K. Maintain site drainage to prevent adverse effects on the OSSF.
L. Pay promptly and fully, all Contractor's fees, bills, or invoices as described herein.

X. **Access by Contractor:** Contractor is hereby granted an easement to the OSSF for the purpose of performing services described herein. Contractor may enter the property during Contractor's normal business hours and/or other reasonable hours without prior notice to Customer to perform the Services and/or repairs described herein. Contractor shall have access to the OSSF electrical and physical components. **IF SPECIAL ARRANGEMENTS ARE REQUESTED (any** advance or prior notice or contacting of owner/resident in order to enter property to perform routine service visit, (locked gates, biting dogs, appointment to enter, to call on the way, etc.) or if any part of the system is located behind a locked door (garage, etc.) **-THERE IS AN ADDITIONAL CHARGE.** Tanks and treatment units shall be accessible by means of man ways, or risers and removable covers, for the purpose of evaluation as required by State and/or local rules and proprietary system manufacturer. If not an initial agreement (new installation) and this access is not in place or provided for by the customer, the costs for the labor of excavation, and possibly other labor and materials costs, will be required. These costs shall be billed to Customer as an additional service at a rate of $165.00 per hour, plus materials at list price. Excavated soil shall be replaced as best as Contractor can at the time such service is performed and under no circumstances is Contractor responsible for damages to sod, grass, roots, landscaping, or any unmarked underground items (telephone, television, or electric cables, water air or gas lines, etc.), or for the uneven settling of the soil.

XI. **SETTLING: Some settling around tanks is to be expected. South Texas Waste Water Treatment LLC is not responsible for any settling post installation and county licensing. It is the responsibility of homeowner/landscaper to resolve.**

XII. Limit of Liability: Contractor shall not be held liable for any incidental, consequential, or special damages, or for economic loss due to expense, or for loss of profits or income, or loss of use to Customer, whether in contract tort or any other theory. In no event shall Contractor be liable in an amount exceeding the total Fee for Services amount paid by Customer under this Agreement.

XIII. Severability: If any provision of this "Proposal and Contract" 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.

XIV. Fee for Services: The fee for the **basic** Services described in this Agreement is _____ This fee does not include any equipment, materials, or labor necessary for non-warranty repairs and/or **any other on-site visit, other than required regularly Scheduled Inspections (see Section V, item A), and will incur a service call fee of 165.00, plus parts and labor.**

XV. Payment: Payment of Fee for Services for the original term as stated above is to be made as follows:
__X__Included in PROPOSAL AND CONTRACT
_____Full amount due upon signature (Required of new Customer)
_____Payments of $_____ due upon receipt of invoice. (Payment terms for renewal of agreement.)
Payment of invoice(s) for any other service or repair provided by contractor is due upon receipt of invoice. Invoices are mailed on the date of invoice. All payments not received within thirty (30) days from the invoice date will be subject to a late penalty and a 1.5% per month carrying charge, as well as any reasonable attorney's fees, and all collection and court costs incurred by Contractor in collection of unpaid debt(s). Any check returned to Contractor for any reason will be assessed a $45.00 returned check fee.

XVI. Application of Transfer of payment: The fees paid for this agreement are not refundable, however, the agreement is transferable. Customer will advise subsequent property owner(s) of the state requirement that they sign a replacement agreement authorizing Contractor to perform the herein described Services, and accepting Customer's Responsibilities. This replacement Agreement must be received from Customer first to any past due obligations arising form this Agreement including late fees or penalties, returned check fees, and/or charges for services or repairs not paid within thirty (30) days of invoice date. Any remaining monies shall be applied to the funding of the replacement Agreement. The consumption of funds in this manner may cause a reduction in the termination date of effective coverage per this agreement. See Section IV.

XVII. Entire Agreement: This agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement, oral or written.

R. Bruce Cobabe _____ OSSF Installer II, Lic OS0004815, and, OSSF Site Evaluator, Lic OS0012360
Name Date exp 1/31/2027 exp 12/31/2026

Certified Service Provider for: Jet Inc. Member: Texas On-Site Wastewater Association and National On-site Wastewater Recycling

Acceptance of Agreement: The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to perform the Services as specified. It is understood and agreed that this work is not provided for in any other agreement and no contractual rights arise until this "Agreement" is accepted in writing AND payment is made as outlined above.

[signature] 7/1/25 BARTBARN@LIVE.COM
Customer **Date** **E-Mail**

CONTACT PHONE NUMBERS:
#1 281-733-8611
#2 281-635-5472

Gate Codes for:
SubDivision N/A
Property N/A

ON-SITE SEWERAGE FACILITY
SOIL EVALUATION REPORT INFORMATION

86349

RECEIVED
JAN 28 2005
COUNTY ENGINEER

Date Soil Survey Performed: **January 17, 2005**

Site Location: **MYSTIC SHORES, UNIT 8, LOT 899**

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 **1**

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 – 12"	**III**	**CLAY LOAM**	**N/A**	**NONE OBSERVED**	**LIMESTONE @ 12"**	**BROWN STONY**
1						
2						
3						
4						
5						

SOIL BORING NUMBER **2**

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, S.E. 11561

01/18/05
Date

SOUTH TEXAS WASTE WATER TREATMENT, LLC.

Authorized JET Distributor - Home and Commercial - Engineering Services
P O Box 1284 Boerne, Texas 78006 * 830-249-8098 or 1-800-86-WASTE; www.stwastewater.com

30 June 2025

JET 750/1000 HOME WASTEWATER TREATMENT SYSTEM DESIGN SPRINKLER SYSTEM

Biddison Homes
17130 Hwy 46 W. Ste. 10-B
Spring Branch, TX 78070

SITE: 381 Mexican Hat
Mystic Shores 8
Lot 899
Comal County, TX

This design includes an attached drawing No. 8270R0 dated 27 JUN 2025
Design Specifications:
Estimated average daily wastewater flow: 4 Bedroom 3,776sf home
(360 GPD) Treatment of 600 GPD
Jet 750 ATU
Pump tank/chlorine contact chamber capacity: 1000 gallons
Design application rate: 0.064 gal./sf./day
Dosing cycle quantity:120-130 gallons
Number of dosing cycles per day: three (3)
Type of float switch: mercury float switch
Design pressure head: 40 psi at sprinkler head
Dosing pump capacity: Little Giant WE20G05P4-20-20.0gpm
NSF Certified Tablet Chlorinator: installed at inlet of pump tank
Safety lid installed on Clarifier
Maximum slope of the field: <15 percent
Means of preventing syphoning: hose bib
Diameter of supply pipe: 1 inch
Pressure adjusting valves to be installed: hose bib
Safety Lid installed on Clarifier

1 July 2025

Offsets: property lines, wells, easements, water lines, structures, swimming pools, ponds, etc. shall be strictly adhered to as required by latest Texas Commission on Environmental Quality OSSF Regulations.

Pump controls must have NEMA (National Manufacturing Association) approval. A PVC union shall be placed above the pump to allow for easy pump removal.

Calculation of Field Size

Four-bedroom home consisting of 3,776sf – allow for 360 GPD effluent flow. Assume an application rate of 15.6 sf per gallon per day.

$360 \div 0.064 = 5{,}625$ sf

We are installing 2 sprinkler heads, capable of 2gpm each, each with a 30'radius, spraying a full circle. The area measured by AutoCAD is:

$A = 5{,}654$ sf

Pipe and Fittings

All pipes and fittings in this system shall be Schedule 40 PVC. All joints shall be sealed with an approved solvent-type PVC cement. The forced main shall be 1" in diameter. A Little Giant WE20G05P4-22 or equivalent high head submersible pump capable of providing at least 20gpm and providing a 25-40 psi head shall be utilized for pumping effluent. A brass hose bib shall be added near the top of 1" SCH 40 riser pipe to be used as a sampling port and if necessary to lower pressure on the sprinklers.

Site Preparation

The area selected for irrigation shall be cleared of Cedar and Brush. Some preparation is required. Sprayed area shall be provided with grass or other suitable ground cover. Homeowner is expected to maintain ground cover.

Provisions for Emergencies

A warning system shall be added to the pump tank on separate circuit from the pump circuit to provide warning (both visual and audible) of a failure to the system. This Aerobic System has a 24-month service agreement which includes emergency service.

Flood Prone Areas

The subject lot is not in a flood prone area according to the National Flood Insurance Program FIR Map community-panel Number 48091C0080F. No physical drainage feature on property which would require special protective measures. No slope where seeps may occur, no flows with velocity that would damage components.

Tank Size

The system shall have a JET Model J-750 extended aeration plant with external NSF Certified Tablet Chlorinator. The pump tank shall have a capacity of 1000 gal. This tank will not need tees on inlet. Safety Lid installed on Clarifier.

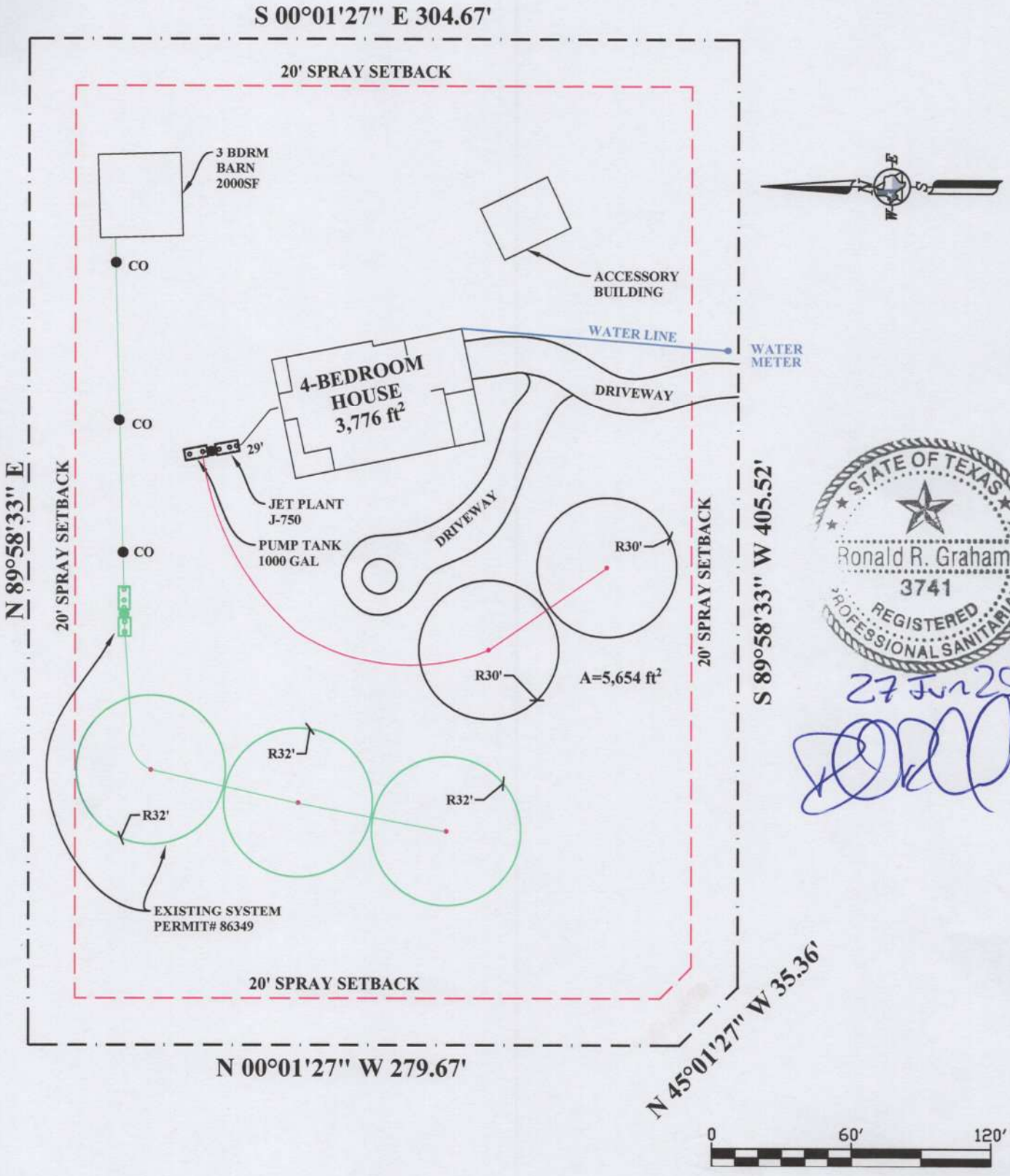
This system designed by:

South Texas Waste Water Treatment, LLC
Ronald R. Graham, Registered Sanitarian
Registration Number 3741, State of Texas
PO Box 1284 Boerne, TX 78006

1 July 2025

Ronald R. Graham, RS — Date

Attachments:
Drawing No. 8270R0 dated 27 JUN 2025

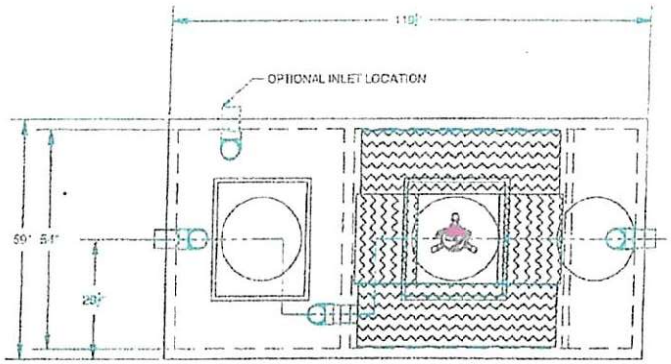


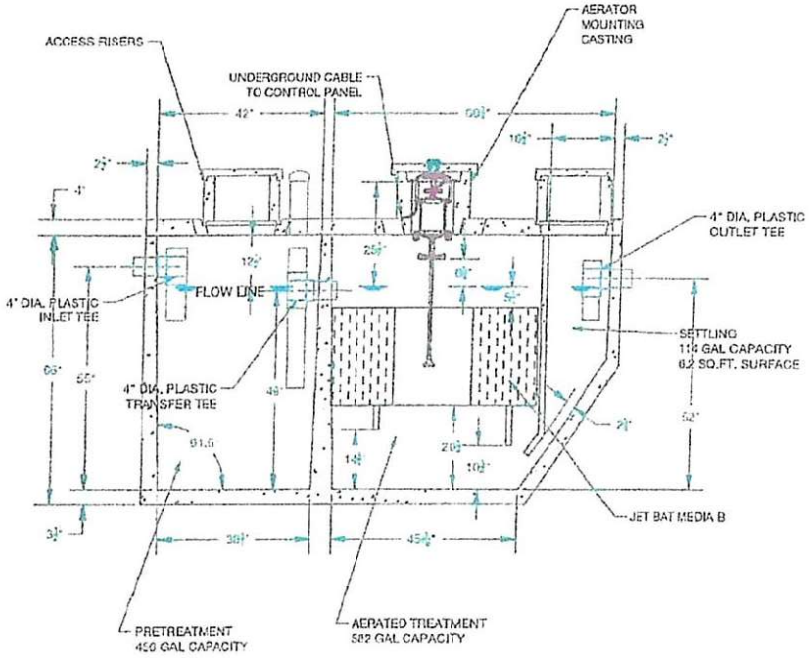
STATE OF TEXAS
Ronald R. Graham
3741
REGISTERED
PROFESSIONAL SANITARIAN
27 Jun 25

NOTES:

1. THIS DESIGN MEETS ALL OF THE REQUIREMENTS OF THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY OSSF REGULATIONS AND THE ORDERS OF KENDALL COUNTY AND WILL NOT CAUSE A NUISANCE OR HEALTH HAZARD
2. ALL SPRINKLERS ARE HUNTER PGP-ARV-LA OR K-RAIN PROPLUS
3. ANY CROSSING OF WATER LINE & SPRAY LINE WILL BE SLEEVED 10 ft ON EACH SIDE OF WATER LINE
4. NO PHYSICAL DRAINAGE FEATURE ON PROPERTY WHICH WOULD REQUIRE SPECIAL PROTECTIVE MEASURES
5. NO TEST HOLES DUG DUE TO EXTENSIVE SURFACE ROCK

SOUTH TEXAS WASTEWATER TREATMENT P.O. BOX 1284 BOERNE, TX 78006 830-249-8098 BY RONALD R. GRAHAM R.S. 3741	381 MEXICAN HAT MYSTIC SHORES 8 LOT 899 COMAL COUNTY, TX 78070	Rev / Date / By	DRAWING NO.	8270R0
			DATE	JUNE 27 2025
			SCALE	1" = 60'



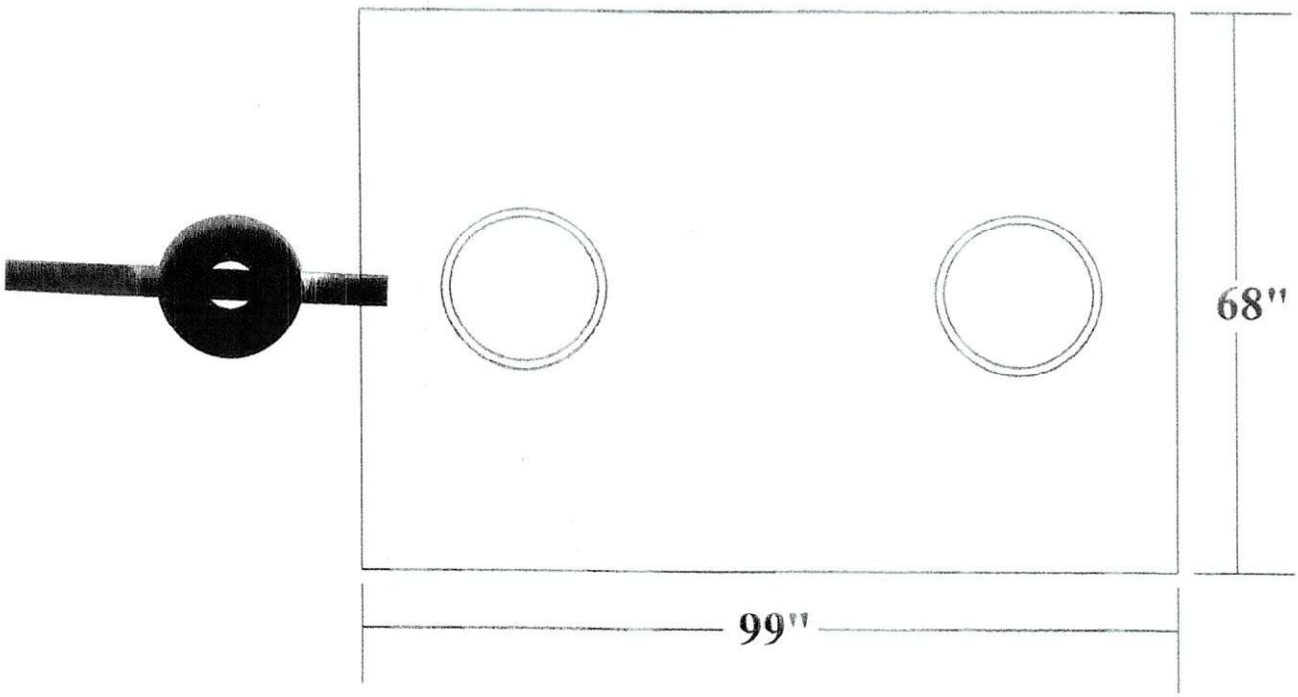


NOTES:
1. AERATOR MODEL 700LL MUST BE USED IN CONTINUOUS OPERATION
2. DEVELOP RISERS TO GRADE OR WITHIN 12" BELOW GRADE
3. PLASTIC RISERS CAST INTO THE TANK LID MAY BE USED IN PLACE OF CONCRETE RISERS

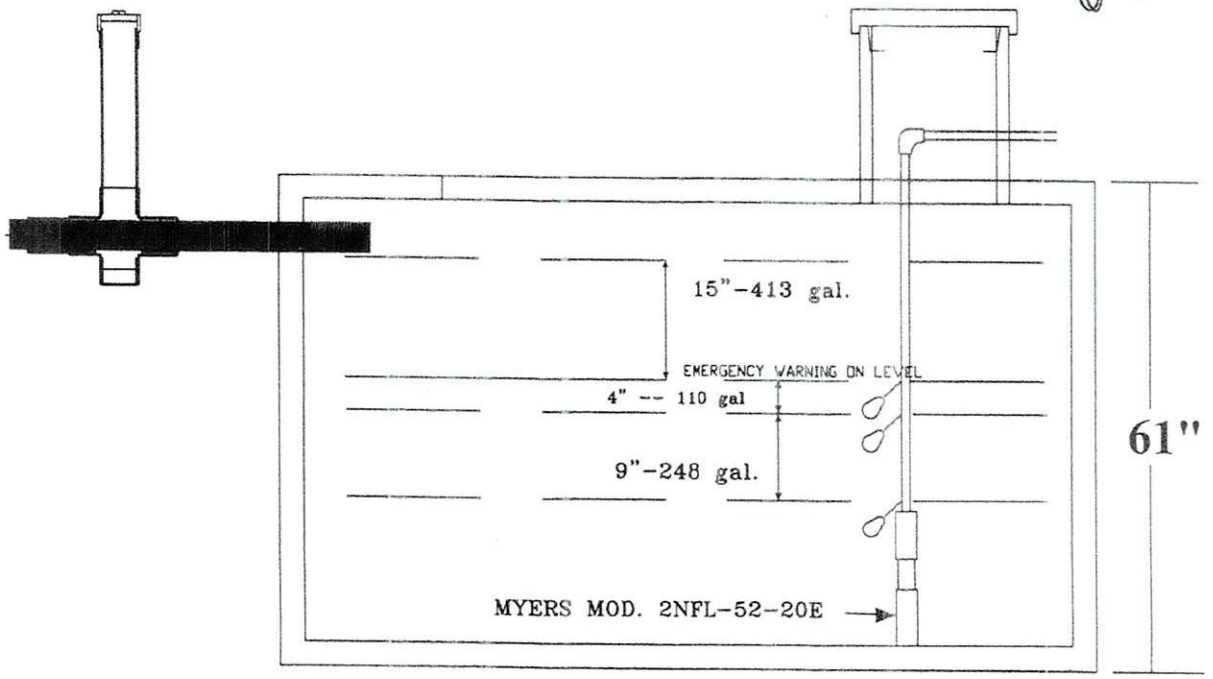
REV	ECN	DATE	DESCRIPTION	DRFT	APPV
-	1407	08/14/14	REDRAWN	N J K	

Jet Wastewater Treatment Solutions
Equipment for Innovation Approved for Service

DRAWN BY: N J K	DATE: 08/14/14
APPROVED BY:	DATE:
MATERIAL:	
TITLE: J-750 RESIDENTIAL WWTP ONE PIECE TANK CASTING	SCALE: 1 : 20 / SIZE: C
USED ON:	UNLESS OTHERWISE SPECIFIED: ALL DIMENSIONS ARE IN INCHES DECIMAL: ±.005 FRACTIONAL: ±1/64 DEGREE: ±1°
PROPRIETARY PROPERTY: THIS DRAWING IS THE PROPERTY OF JET INC. AND MAY NOT BE REPRODUCED, COPIED OR USED WITHOUT WRITTEN PERMISSION.	DRAWING NUMBER: J-750 REV: -



PUMP TANK
1000 gal.



From: Ritzen,Brenda
To: Diandra Linares
Subject: RE: Permit 118801
Date: Wednesday, July 30, 2025 12:01:00 PM
Attachments: image001.png
image002.png

Diandra,

Both property owners signatures are needed on the permit application.

Thank you,

COMAL COUNTY TEXAS

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

From: Diandra Linares <diandra@stwastewater.com>
Sent: Wednesday, July 30, 2025 10:42 AM
To: Ritzen,Brenda <rabbjr@co.comal.tx.us>
Subject: RE: Permit 118801

Please see attached.

Diandra Linares

South Texas
Waste Water Treatment, LLC
Boerne, TX
(830) 249-8098

REVISED
12:00 pm, Jul 30, 2025

COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * * *

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

Date 7/1/25 Permit # _____

Owner Name Randal & Carolyn Bartemeyer
Mailing Address 381 Mexican Hat Drive
City, State, Zip Spring Branch, TX 78070
Phone # 281-733-8611
Email BARTBARN@LIVE.COM

Agent Name South Texas Wastewater Treatment
Agent Address PO Box 1284
City, State, Zip Boerne, TX 78006
Phone # (830) 249-8098
Email diandra@stwastewater.com

All correspondence should be sent to: ☐ Owner ☒ Agent ☐ Both Method: ☐ Mail ☒ Email

Subdivision Name Mystic Shores Unit 8 Lot 899 Block _____
Acreage/Legal _____
Street Name/Address 381 Mexican Hat Drive City Spring Branch Zip 78070

VOID

Type of Development:

☒ Single Family Residential
Type of Construction (House, Mobile, RV, Etc.) Single Family Home
Number of Bedrooms 4
Indicate Sq Ft of Living Area 2410

☐ 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: $ 625,000 (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

Are Water Saving Devices Being Utilized Within the Residence? ☒ Yes ☐ No

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

Signature of Owner _____ Date 7/1/25

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

From: Ritzen,Brenda
To: Diandra Linares
Subject: Permit 118801
Date: Thursday, July 17, 2025 3:41:00 PM
Attachments: image001.png

Re: Randal & Carolyn Bartemeyer
Mystic Shores Unit 8 Lot 899
Application for Permit for Authorization to Construct an On-Site Sewage Facility (OSSF)

Diandra :

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

1. **Both property owners must sign the permit application.**
2. **Revise as needed and resubmit.**

Thank you,

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

RECEIVED
By Kathy Griffin at 2:20 pm, Jul 01, 2025

* * * COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * * *

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

VOID

Date 7/1/25 Permit # 118801

Owner Name Randal & Carolyn Barten[illegible]eyer Agent Name South Texas W[illegible]astewater Treatment

Mailing Address 381 Mexican Hat Drive Agent Address PO Box 1284

City, State, Zip Spring Branch, TX 78070 City, State, Zip Bo[illegible] TX 780[illegible]06

Phone # 281-733-8[illegible] Phone (830) [illegible]9-8098

Email BARTBARN@LIVE.[illegible] Email [illegible]@stwas[illegible]ewater.com

All correspondence should be sent to: ☐ Owner ☒ Agent ☐ Both Method: ☐ Mail ☒ Email

Subdivision Name Mystic Shores Unit 8 Lot 899 Block

Acreage/Legal

Street Name/Address 381 Mexican Hat Drive City Spring Branch Zip 78070

Type of Development:

☒ Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) Single Family Home

Number of Bedrooms 4

Indicate Sq Ft of Living Area 2410

☐ 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: $ 625,000 (Structure Only)

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☐ 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

Are Water Saving Devices Being Utilized Within the Residence? ☒ Yes ☐ No

By signing this application, I certify that:

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

Signature of Owner Date 7/1/25

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

AFFIDAVIT TO THE PUBLIC

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, 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 (TVVC), 5.012 and 5.013, gives the TCEQ 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 TVVC. The TCEQ, 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 TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ 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 899 Block ___ Subdivision Mystic Shores Unit 8

not in Subdivision: ____ Acres _____ Survey

The property is owned by Randal & Carolyn Bartemeyer

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.

Randal Bartemeyer Owner Name _____ Owner Signature

Carolyn Bartemeyer Owners Name _____ Owners Signature

This instrument was acknowledged before me on: 1st Day of July, 20 25

Jamie Elaine Eylar Notary's Printed Name

_____ Notary Public, State of Texas

Commission Expires: 05/30/2027

JAMIE ELAINE EYLAR
Notary ID #134382238
My Commission Expires
May 30, 2027

Affix Notary Stamp Above

Official County use only

BOB R. KIESLING, P.C.
ATTORNEYS AT LAW
P.O. BOX 311686
NEW BRAUNFELS, TEXAS 78131-1686
348 EAST SAN ANTONIO STREET
NEW BRAUNFELS, TEXAS 78130

(830) 625-7531
SA METRO: 609-7531
TELECOPIER: (830) 625-1771

BOB R. KIESLING
KRISTEN QUINNEY PORTER
RICK A. KIESLING

June 4, 2004

Mr. & Mrs. Randal J. Bartemeyer
16417 Squyres Road
Spring, TX 77379

Re: Lot 899, MYSTIC SHORES, UNIT EIGHT, Comal County, Texas

Dear Mr. & Mrs. Bartemeyer:

In connection with the referenced tract , we are enclosing the following:

1. Your original deed recorded under county clerk document number 200406016589, Official Public Records, Comal County, Texas.

2. Fidelity National Title Insurance Company Owner Policy of Title Insurance No. 1343-75246, dated May 7, 2004, for $34,000.00.

Should you have any questions please contact our office.

Sincerely yours,

BOB R. KIESLING, P.C.

Lucille Koehler

LUCILLE KOEHLER, Closer
LK
Enclosures as Stated.

New Braunfels Title Co.
G.F. # 63831 °/c

Doc# 200406016589

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OF THE FOLLOWING INFORMATION FROM THIS INSTRUMENT BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS; YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

GENERAL WARRANTY DEED FROM BLUEGREEN SOUTHWEST ONE, L.P., to RANDAL J. BARTEMEYER and CAROLYN I. BARTEMEYER.

THE STATE OF TEXAS *

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL *

That BLUEGREEN SOUTHWEST ONE, L.P., a Delaware Limited Partnership, authorized to do business in Texas, acting herein by and through its duly authorized General Partner, BLUEGREEN SOUTHWEST LAND, INC., a Delaware Corporation, of P. O. Box 896, Wimberley, Hays County, Texas 78676, hereinafter called Grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS ($10.00) cash and other good and valuable consideration to it in hand paid by RANDAL J. BARTEMEYER and CAROLYN I. BARTEMEYER, of 16417 Squyres Road, Spring, Texas 77379, hereinafter called Grantees, receipt of which is hereby acknowledged and confessed; has GRANTED, SOLD and CONVEYED, and by these presents does GRANT, SELL and CONVEY, unto the said Grantees, the following described property, to-wit:

Lot 899, MYSTIC SHORES, UNIT EIGHT, according to map or plat recorded in Volume 14, Pages 150-155, Comal County, Texas Map and Plat Records.

TO HAVE AND TO HOLD the above described premises, together with all and singular the rights and appurtenances thereto in anywise belonging, unto the said Grantees, their heirs and assigns forever; and Grantor does hereby bind itself, its

THIS CONVEYANCE IS MADE AND ACCEPTED SUBJECT to taxes for the current year, all restrictions, covenants, conditions, easements, reservations, leases, mineral severances, and other instruments that affect the property and are shown in the public records of Comal County, Texas; and to all zoning laws, regulations and ordinances of municipal and/or other governmental authorities that affect the property.

EXECUTED on the date of the acknowledgment but EFFECTIVE the 23rd day of April, 2004.

BLUEGREEN SOUTHWEST ONE, L.P., a Delaware Limited Partnership by BLUEGREEN SOUTHWEST LAND, INC., a Delaware Corporation, General partner

By: _____
JACK H. DEAN, Vice-President

THE STATE OF TEXAS *
COUNTY OF HAYS *

This instrument was acknowledged before me on the 26 day of April, 2004, by JACK H. DEAN, Vice-President of BLUEGREEN SOUTHWEST LAND, INC., a Delaware corporation, on behalf of said corporation as General Partner of BLUEGREEN SOUTHWEST ONE, L.P.

NOTARY PUBLIC STATE OF TEXAS
TONYA TODARO
Notary Public, State of Texas
My Commission Expires June 13, 2006

_____
NOTARY PUBLIC, STATE OF TEXAS

AFTER RECORDING, RETURN TO:
NEW BRAUNFELS TITLE COMPANY
GF#63,831

PREPARED IN THE LAW OFFICES OF:
BOB R. KIESLING, P.C.
P. O. Box 311686
New Braunfels, TX 78131-1686

Doc# 200406016589
Pages 2
05/07/2004 03:24:22 PM
Filed & Recorded in
Official Records of
COMAL COUNTY
JOY STREATER
COUNTY CLERK

RECEIVED
By Kathy Griffin at 2:20 pm, Jul 01, 2025

COMAL COUNTY
ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

Date Received	Initials	Permit Number
		118801

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

- [x] Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- [x] Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- [x] 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.
- [x] Required Permit Fee - See Attached Fee Schedule
- [x] Copy of Recorded Deed
- [x] Surface Application/Aerobic Treatment System
  - [x] Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public
  - [x] 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

7/1/25
Date

___ COMPLETE APPLICATION

Check No. _____ Receipt No._____

___ INCOMPLETE APPLICATION
(Missing Items Circled, Application Refeused)

Revised: September 2019