TEXAS ASSOCIATION OF REALTORS®

INFORMATION ABOUT ON-SITE SEWER FACILITY

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS® IS NOT AUTHORIZED.

CONCERNING THE PROPERTY AT 644 Monkey Rd Elgin, TX 78621

A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:

(1) Type of Treatment System: ☑ Septic Tank ☐ Aerobic Treatment ☐ Unknown
☐ _____

(2) Type of Distribution System: DRAIN FIELDS ☐ Unknown

(3) Approximate Location of Drain Field or Distribution System: TWO DRAIN FIELDS NORTH OF HOME WITHIN FENCED YARD ☐ Unknown

(4) Installer: RUDY RAMIREZ ☐ Unknown

(5) Approximate Age: 1989 (28 YEARS) ☐ Unknown

B. MAINTENANCE INFORMATION:

(1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? ☐ Yes ☑ No
If yes, name of maintenance contractor: _____
Phone: _____ contract expiration date: _____
Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard" on-site sewer facilities.)

(2) Approximate date any tanks were last pumped? 2015

(3) Is Seller aware of any defect or malfunction in the on-site sewer facility? ☐ Yes ☑ No
If yes, explain: _____

(4) Does Seller have manufacturer or warranty information available for review? ☐ Yes ☑ No

C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

(1) The following items concerning the on-site sewer facility are attached:
☐ planning materials ☐ permit for original installation ☐ final inspection when OSSF was installed
☐ maintenance contract ☐ manufacturer information ☐ warranty information ☐ _____

(2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.

(3) **It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.**

RE/MAX Bastrop Area, 87 Loop 150 West Bastrop, TX 78602 Phone: 512.921.9134 Fax: 512.366.9613 644 Monkey Rd -
Janis Penick

D. INFORMATION FROM GOVERNMENTAL AGENCIES: Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas Commission on Environmental Quality (TCEQ) on 10/24/2002. The table estimates daily wastewater usage rates. Actual water usage data or other methods for calculating may be used if accurate and acceptable to TCEQ.

Facility	Usage (gal/day) without water-saving devices	Usage (gal/day) with water-saving devices
Single family dwelling (1-2 bedrooms; less than 1,500 sf)	225	180
Single family dwelling (3 bedrooms; less than 2,500 sf)	300	240
Single family dwelling (4 bedrooms; less than 3,500 sf)	375	300
Single family dwelling (5 bedrooms; less than 4,500 sf)	450	360
Single family dwelling (6 bedrooms; less than 5,500 sf)	525	420
Mobile home, condo, or townhouse (1-2 bedroom)	225	180
Mobile home, condo, or townhouse (each add'l bedroom)	75	60

This document is not a substitute for any inspections or warranties. This document was completed to the best of Seller's knowledge and belief on the date signed. Seller and real estate agents are not experts about on-site sewer facilities. Buyer is encouraged to have the on-site sewer facility inspected by an inspector of Buyer's choice.

Robert D. Lewis 4-4-17

Signature of Seller Date
Robert D. Lewis

Nancy M Lewis 4-4-17

Signature of Seller Date
Nancy M. Lewis

Receipt acknowledged by:

Signature of Buyer Date

Signature of Buyer Date

BASTROP COUNTY
DEPT. OF HEALTH & SANITATION
P. O. BOX 802
BASTROP, TEXAS 78602

PLEASE DO NOT WRITE IN THIS BLOCK
APPLICATION NUMBER
6581 NOV 21 1988
Rc'cd:_____ by_____ Ref:_____
Amount Enclosed: $_____

APPLICATION FOR PRIVATE SEWAGE FACILITY LICENSE

DWELLING SEWAGE APPLICATION

$_____ FEES ENCLOSED FOR: ( ) APPLICATION. ( ) INSPECTION. ( ) PERCOLATION TESTS. 1108 R61084

To the Bastrop County Department of Health & Sanitation:

I hereby make application for a Permit to construct and a License to operate a private sewage system as required by County Ordinance and approved by Texas Water Quality Board Resolution No. 75-R-6, October 29, 1975.

(ALL INFORMATION BELOW MUST BE COMPLETED FOR A PERMIT OR LICENSE)

Property Owner's Name: LEWIS (LAST) ROBERT (FIRST) D. (MIDDLE)

Permanent Mailing Address: P.O. BOX 629 (NUMBER and STREET, or BOX) Elgin (CITY) TX, 78621 (STATE and ZIP CODE)

Telephone Numbers: 864-2094 (HOME) / 352-5936 (BUSINESS) /

Location of Property: ELGIN (COUNTY) BASTROP 644 Monkey Rd

IF located in a Subdivision: _____ (NAME OF SUBDIVISION) / _____ (SECTION No.) / _____ (BLOCK No.) / _____ (LOT No.)

IF NOT in a Subdivision: A-59, Standifer Elizabeth, Acres: 15 25.1160 acr.
(DESCRIBE LOCATION OF PROPERTY AND ATTACH A MARKED MAP, AERIAL PHOTOHRAPH OR SKETCH SHOWING ACCESS ROADS, LANDMARKS AND APPROXIMATE DISTANCES)

(USE OF PROPERTY)

TYPE DWELLING: (Check one) (✓) HOUSE. ( ) MOBILE HOME/HOUSE TRAILER ( ) OTHER (Describe on back)

AVERAGE NO. OCCUPANTS: 3. DAYS PER YEAR PLUMBING USED: _____.

SOURCE OF WATER SUPPLY: ( ) SUBDIVISION SYSTEM. (✓) WATER DISTRICT. ( ) WELL. ( ) _____

ALL APPLICANTS please write TOTAL numbers of items below, and leave blank for "none"							
1. BEDROOMS	5	4. LAVATORIES	5½	7. KITCHEN SINKS:	1	10. GARBAGE DISPOSER	1
2. COMMODES	5½	5. SHOWERS	5	8. CLOTHES WASHERS	1	11. GREASE TRAP	
3. URINALS		6. BATHTUBS		9. AUTOMATIC DISH WASHER	1		

(SEWAGE SYSTEM INFORMATION)

SEPTIC TANK INFORMATION

1. Number of Separate Systems at This Location: 1
   NOTE: If more than one system, give same information, as below, for tank and field on back of this form.
2. Nearest Water Well or Cistern Distance: _____ Feet
3. Distance to an Organized Sewer Collection System Line: _____ Feet
4. Tank Capacity: 1,500 Gallons. 5. _____
6. Number of Tank Compartments: 2
7. Name the Installer: Rudy - Ramirez
8. Tank Made of: (check one) ( ) FIBERGLASS (✓) PREFAB CONCRETE ( ) CONCRETE POURED IN PLACE, give size below:°
   °(Wd)_____ Ft. X (Lg)_____ Ft. X (Dp)_____ Ft.
   ( ) Other: _____

ABSORPTION FIELD INFORMATION

1. Nearest Water Well or Cistern Distance: _____ Feet
2. Type Field: (✓) Trench or ditch system (✓) Absorption Bed System OR 2,000 Trench.
   a. Trench Size: (Wd)_____ inches X (Dp)____ inches X (Total Lg.)_____ Ft.
   (OR)
   b. Bed Bottom Size: (Wd)_____ Ft. X (Lg.)_____ Ft. 3,000 Bed
   Minimum Total Size: 3,000 Sq. Ft.
   Washed rock or gravel shall be 1 1/2-2 1/2 in.
   ( ) Washed sand to be used
   ( ) Sandy loam back fill Required

PLEASE DRAW A LAYOUT AND DIMENSIONS OF YOUR PROPERTY AND SEWAGE SYSTEM, ETC. ON BACK OF THIS SHEET OR ATTACH A COPY OF THE INSTALLER'S PLAT.

AUTHORIZATION is hereby given to the Bastrop County Department of Health & Sanitation, Texas Water Quality Board, the Texas State Department of Health, and to their agents or designees, singularly or jointly, to enter upon the above described property during daylight hours for the purpose of making soil percolation tests, inspecting private sewage systems, or for any reason consistant with the water quality program of the Texas Water Quality Board, the Texas State Department of Health and the Bastrop County Department of Health & Sanitation.

Nancy M Lewsom
(SIGNATURE OF APPLICANT)

DATE 3-10-, 19 89

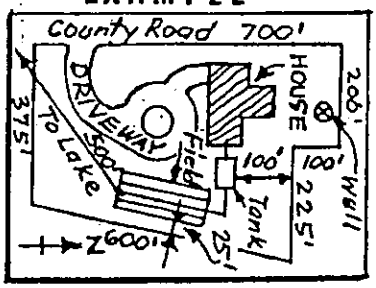
Mail this completed form, with Fees, to:
DEPT. OF HEALTH & SANITATION
P. O. BOX 802
BASTROP, TEXAS 78602

Form No. 1100

LAYOUT SPACE

For Property Outline, Size and Improvements Location.

EXAMPLE



In addition to other information requested on other side, please indicate:

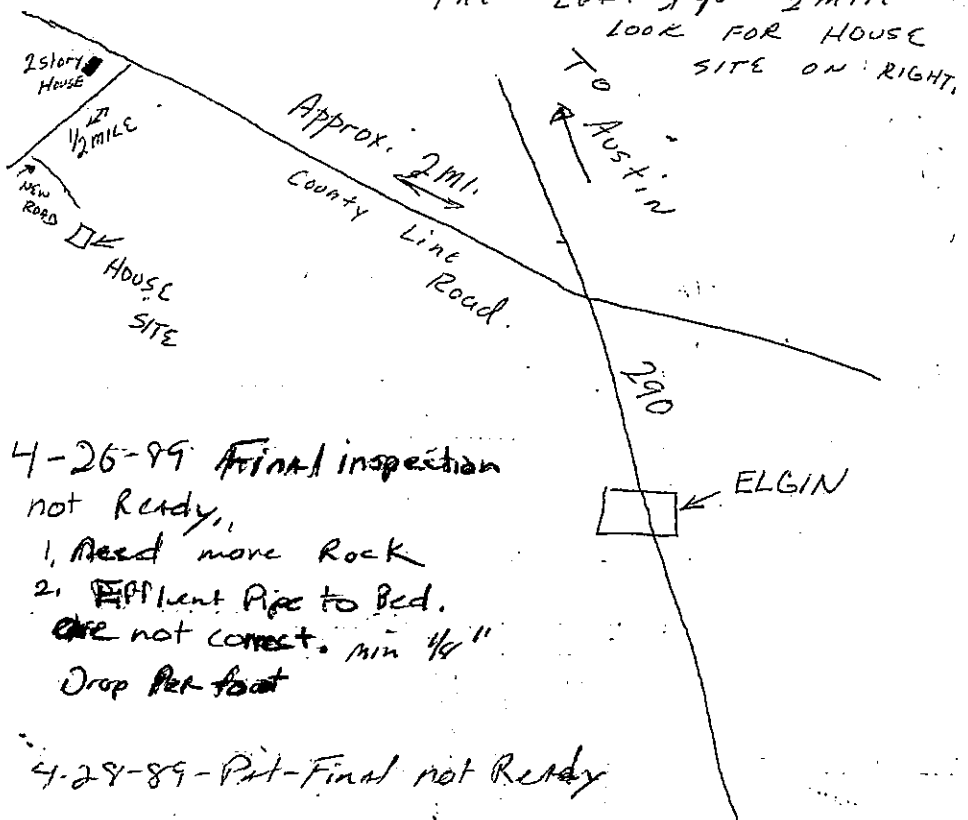
1. *Direction of North at property.*
2. *Direction and Distance from Field to nearest Lake Shoreline.*

4-10-89 - 2nd Insp no Ready, ~~wrong~~ Pipe - and bed not Deep enought - other bed not Level.

4-18-89. Final Inspection not Ready, need more Rock.

ELGIN. GO WEST. ON 290 to County Line Road Turn Left Go Approx. 2 miles Take 2nd Road to the Left, go ½ mile LOOK FOR HOUSE SITE ON RIGHT.

4-19-89. Made A Inspection, System is not Ready.



4-26-89 ~~Final~~ Inspection not Ready,,
1. Need more Rock
2. ~~Effluent~~ Pipe to Bed. are not correct. min ¼"
Drop ~~Per foot~~

4-28-89 - Pat - Final not Ready

6-29-89. 4 Inspection, This That need to be corrected.
1. Could not Find Switch Valve.
2. Could not Find Inspection Stand Pipe.
3. Other Stand Pipe Has soil in It, Need to clean out, and Lucid
4. Tanks need to be covered.

8-24-89 - Pat walked Septic Area. OK

FOR OFFICE USE ONLY

APPLICATION NUMBER 6581

Percolation Rate

min./in.
1st Hole 60 ½ in.
2nd Hole 60 ½ in.

Forms Mailed

1108 _____

1109 _____

Prior Inspection

Date 3-10-89

Soil Condition
Black Clay

Slope of Area
( ) Flat
(X) Sloping 1/8"-1"/ft.
( ) Steep 1"/ft. & over

Final Inspection

Date 5-1-89

Septic Tank: 1500 gals.
(X) Approved As
( ) Modified Approved
( ) Disapproved

Absorption Field:

( ) Trench _____ Sq. Ft.

(X) Bed 3,000 Sq. Ft.

(X) Approved As
( ) Modified Approved
( ) Disapproved

4-12-89 2nd Insp
OK PA