



TEXAS ASSOCIATION OF REALTORS®
SELLER'S DISCLOSURE NOTICE

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Section 5.008, Property Code requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice to a buyer on or before the effective date of a contract. **This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.**

CONCERNING THE PROPERTY AT Lot 13, COU3, Mariposa Dr.
Concan, TX 78838

THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.

Seller ☐ is ☒ is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property?
☐ ONE MONTH (vacation) or ☐ never occupied the Property

Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)

This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.

Item	Y	N	U	Item	Y	N	U	Item	Y	N	U
Cable TV Wiring			<input checked="" type="checkbox"/>	Liquid Propane Gas:		<input checked="" type="checkbox"/>		Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder		<input checked="" type="checkbox"/>	
Carbon Monoxide Det.			<input checked="" type="checkbox"/>	-LP Community (Captive)		<input checked="" type="checkbox"/>		Rain Gutters		<input checked="" type="checkbox"/>	
Ceiling Fans	<input checked="" type="checkbox"/>			-LP on Property		<input checked="" type="checkbox"/>		Range/Stove	<input checked="" type="checkbox"/>		
Cooktop	<input checked="" type="checkbox"/>			Hot Tub		<input checked="" type="checkbox"/>		Roof/Attic Vents	<input checked="" type="checkbox"/>		
Dishwasher	<input checked="" type="checkbox"/>			Intercom System		<input checked="" type="checkbox"/>		Sauna			<input checked="" type="checkbox"/>
Disposal			<input checked="" type="checkbox"/>	Microwave	<input checked="" type="checkbox"/>			Smoke Detector	<input checked="" type="checkbox"/>		
Emergency Escape Ladder(s)			<input checked="" type="checkbox"/>	Outdoor Grill	<input checked="" type="checkbox"/>			Smoke Detector - Hearing Impaired		<input checked="" type="checkbox"/>	
Exhaust Fans	<input checked="" type="checkbox"/>			Patio/Decking	<input checked="" type="checkbox"/>			Spa		<input checked="" type="checkbox"/>	
Fences	<input checked="" type="checkbox"/>			Plumbing System	<input checked="" type="checkbox"/>			Trash Compactor		<input checked="" type="checkbox"/>	
Fire Detection Equip.			<input checked="" type="checkbox"/>	Pool		<input checked="" type="checkbox"/>		TV Antenna		<input checked="" type="checkbox"/>	
French Drain			<input checked="" type="checkbox"/>	Pool Equipment		<input checked="" type="checkbox"/>		Washer/Dryer Hookup	<input checked="" type="checkbox"/>		
Gas Fixtures			<input checked="" type="checkbox"/>	Pool Maint. Accessories		<input checked="" type="checkbox"/>		Window Screens	<input checked="" type="checkbox"/>		
Natural Gas Lines			<input checked="" type="checkbox"/>	Pool Heater		<input checked="" type="checkbox"/>		Public Sewer System		<input checked="" type="checkbox"/>	

Item	Y	N	U	Additional Information
Central A/C	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>2</u>
Evaporative Coolers		<input checked="" type="checkbox"/>		number of units: <u>N/A</u>
Wall/Window AC Units		<input checked="" type="checkbox"/>		number of units: <u>N/A</u>
Attic Fan(s)		<input checked="" type="checkbox"/>		if yes, describe: _____
Central Heat	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>2</u>
Other Heat		<input checked="" type="checkbox"/>		if yes, describe: _____
Oven	<input checked="" type="checkbox"/>			number of ovens: <u>1</u> <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____
Fireplace & Chimney		<input checked="" type="checkbox"/>		<input type="checkbox"/> wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: <u>N/A</u>
Carport		<input checked="" type="checkbox"/>		<input type="checkbox"/> attached <input checked="" type="checkbox"/> not attached
Garage		<input checked="" type="checkbox"/>		<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers		<input checked="" type="checkbox"/>		number of units: _____ number of remotes: _____
Satellite Dish & Controls	<input checked="" type="checkbox"/>			<input type="checkbox"/> owned <input checked="" type="checkbox"/> leased from <u>Direct TV</u>
Security System	<input checked="" type="checkbox"/>			<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Water Heater	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____ number of units: _____
Water Softener		<input checked="" type="checkbox"/>		<input type="checkbox"/> owned <input type="checkbox"/> leased from <u>N/A</u>
Underground Lawn Sprinkler	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> automatic <input type="checkbox"/> manual areas covered: <u>EAST side of House/Deck</u>
Septic / On-Site Sewer Facility	<input checked="" type="checkbox"/>			if yes, attach Information About On-Site Sewer Facility (TAR-1407)

(TAR-1406) 01-01-14

Initialed by: Buyer: _____ and Seller: [Signature]

Frio Canyon Real Estate Management, LLC, P.O. Box 1489 Leakey, TX 78873
Shawn Gray

Phone: 830.232.4500 Fax: 830.232.4501
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Page 1 of 5
Escamilla

Concerning the Property at _____

Water supply provided by: ☐ city ☐ well ☐ MUD ☐ co-op ☐ unknown ☒ other: _____

Was the Property built before 1978? ☐ yes ☒ no ☐ unknown

(If yes, complete, sign, and attach TAR-1906 concerning lead-based paint hazards).

Roof Type: Tip Age: 2 yrs. (approximate)

Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)?
☐ yes ☒ no ☐ unknown

Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are need of repair? ☐ yes ☒ no If yes, describe (attach additional sheets if necessary): _____

Section 2. Are you (Seller) aware of any defects or malfunctions in any of the following?: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

Item	Y	N
Basement		<input checked="" type="checkbox"/>
Ceilings		<input checked="" type="checkbox"/>
Doors		<input checked="" type="checkbox"/>
Driveways		<input checked="" type="checkbox"/>
Electrical Systems		<input checked="" type="checkbox"/>
Exterior Walls		<input checked="" type="checkbox"/>

Item	Y	N
Floors		<input checked="" type="checkbox"/>
Foundation / Slab(s)		<input checked="" type="checkbox"/>
Interior Walls		<input checked="" type="checkbox"/>
Lighting Fixtures		<input checked="" type="checkbox"/>
Plumbing Systems		<input checked="" type="checkbox"/>
Roof		<input checked="" type="checkbox"/>

Item	Y	N
Sidewalks		<input checked="" type="checkbox"/>
Walls / Fences		<input checked="" type="checkbox"/>
Windows	<input checked="" type="checkbox"/>	
Other Structural Components		<input checked="" type="checkbox"/>

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary):

1 front window living room area has small crack due to small rock while using weed eater.

Section 3. Are you (Seller) aware of any of the following conditions: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

Condition	Y	N
Aluminum Wiring		<input checked="" type="checkbox"/>
Asbestos Components		<input checked="" type="checkbox"/>
Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/> _____		<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property		<input checked="" type="checkbox"/>
Fault Lines		<input checked="" type="checkbox"/>
Hazardous or Toxic Waste		<input checked="" type="checkbox"/>
Improper Drainage		<input checked="" type="checkbox"/>
Intermittent or Weather Springs		<input checked="" type="checkbox"/>
Landfill		<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/>
Encroachments onto the Property		<input checked="" type="checkbox"/>
Improvements encroaching on others' property		<input checked="" type="checkbox"/>
Located in 100-year Floodplain		<input checked="" type="checkbox"/>
Located in Floodway		<input checked="" type="checkbox"/>
Present Flood Ins. Coverage (If yes, attach TAR-1414)		<input checked="" type="checkbox"/>
Previous Flooding into the Structures		<input checked="" type="checkbox"/>
Previous Flooding onto the Property		<input checked="" type="checkbox"/>
Located in Historic District		<input checked="" type="checkbox"/>
Historic Property Designation		<input checked="" type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine		<input checked="" type="checkbox"/>

Condition	Y	N
Previous Foundation Repairs		<input checked="" type="checkbox"/>
Previous Roof Repairs		<input checked="" type="checkbox"/>
Other Structural Repairs		<input checked="" type="checkbox"/>
Radon Gas		<input checked="" type="checkbox"/>
Settling		<input checked="" type="checkbox"/>
Soil Movement		<input checked="" type="checkbox"/>
Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Underground Storage Tanks		<input checked="" type="checkbox"/>
Unplatted Easements		<input checked="" type="checkbox"/>
Unrecorded Easements		<input checked="" type="checkbox"/>
Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Water Penetration		<input checked="" type="checkbox"/>
Wetlands on Property		<input checked="" type="checkbox"/>
Wood Rot		<input checked="" type="checkbox"/>
Active infestation of termites or other wood destroying insects (WDI)		<input checked="" type="checkbox"/>
Previous treatment for termites or WDI		<input checked="" type="checkbox"/>
Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Previous Fires		<input checked="" type="checkbox"/>
Termite or WDI damage needing repair		<input checked="" type="checkbox"/>
Single Blockable Main Drain in Pool/Hot Tub/Spa*		<input checked="" type="checkbox"/>

(TAR-1406) 01-01-14

Initialed by: Buyer: _____ and Seller: M. B. G.

Page 2 of 5



Concerning the Property at _____

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): N/A

*A single blockable main drain may cause a suction entrapment hazard for an individual.

Section 4. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, which has not been previously disclosed in this notice? ☐ yes ☒ no If yes, explain (attach additional sheets if necessary): _____

Section 5. Are you (Seller) aware of any of the following (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)

Y N

- ☐ ☒ Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building codes in effect at the time.
- ☒ ☐ Homeowners' associations or maintenance fees or assessments. If yes, complete the following:
* Name of association: Canyon Oaks Property Owners Association
Manager's name: W. H. HARRIS (owner) Phone: _____
Fees or assessments are: \$ 200.00 per year and are: ☒ mandatory ☐ voluntary
Any unpaid fees or assessment for the Property? ☐ yes (\$ _____) ☒ no
If the Property is in more than one association, provide information about the other associations below or attach information to this notice.
- ☐ ☒ Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:
Any optional user fees for common facilities charged? ☐ yes ☐ no If yes, describe: _____
- ☐ ☒ Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.
- ☐ ☒ Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)
- ☐ ☒ Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.
- ☐ ☒ Any condition on the Property which materially affects the health or safety of an individual.
- ☐ ☒ Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold.
If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).
- ☐ ☒ Any rainwater harvesting system located on the property that is larger than 500 gallons and that uses a public water supply as an auxiliary water source.
- ☐ ☒ The Property is located in a propane gas system service area owned by a propane distribution system retailer.



Concerning the Property at _____

If the answer to any of the items in Section 5 is yes, explain (attach additional sheets if necessary): n/a

Section 6. Seller ☐ has ☒ has not attached a survey of the Property.

Section 7. Within the last 4 years, have you (Seller) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections? ☒ yes ☐ no If yes, attach copies and complete the following:

Inspection Date	Type	Name of Inspector	No. of Pages
6/2/13	Not Sure	Thomas W. Caldwell	6

Note: A buyer should not rely on the above-cited reports as a reflection of the current condition of the Property. A buyer should obtain inspections from inspectors chosen by the buyer.

Section 8. Check any tax exemption(s) which you (Seller) currently claim for the Property:

- ☐ Homestead ☐ Senior Citizen ☐ Disabled
☐ Wildlife Management ☐ Agricultural ☐ Disabled Veteran
☐ Other: n/a ☐ Unknown

Section 9. Have you (Seller) ever filed a claim for damage to the Property with any insurance provider? ☐ yes ☒ no

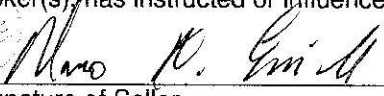
Section 10. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made? ☐ yes ☒ no If yes, explain: _____

Section 11. Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code?* ☐ unknown ☐ no ☒ yes. If no or unknown, explain. (Attach additional sheets if necessary): _____

**Chapter 766 of the Health and Safety Code requires one-family or two-family dwellings to have working smoke detectors installed in accordance with the requirements of the building code in effect in the area in which the dwelling is located, including performance, location, and power source requirements. If you do not know the building code requirements in effect in your area, you may check unknown above or contact your local building official for more information.*

A buyer may require a seller to install smoke detectors for the hearing impaired if: (1) the buyer or a member of the buyer's family who will reside in the dwelling is hearing-impaired; (2) the buyer gives the seller written evidence of the hearing impairment from a licensed physician; and (3) within 10 days after the effective date, the buyer makes a written request for the seller to install smoke detectors for the hearing-impaired and specifies the locations for installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

Seller acknowledges that the statements in this notice are true to the best of Seller's belief and that no person, including the broker(s), has instructed or influenced Seller to provide inaccurate information or to omit any material information.


Signature of Seller

6/3/15
Date

Signature of Seller

Date

Printed Name: MARCO A. Escamilla

Printed Name:

ADDITIONAL NOTICES TO BUYER:

- (1) The Texas Department of Public Safety maintains a database that the public may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit www.txdps.state.tx.us. For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.

(2) If the property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1,000 feet of the mean high tide bordering the Gulf of Mexico, the property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.

(3) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.

(4) The following providers currently provide service to the property:

Electric: _____ phone #: _____

Sewer: _____ phone #: _____

Water: _____ phone #: _____

Cable: _____ phone #: _____

Trash: _____ phone #: _____

Natural Gas: _____ phone #: _____

Phone Company: _____ phone #: _____

Propane: _____ phone #: _____

(5) This Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.
- The undersigned Buyer acknowledges receipt of the foregoing notice.
- Signature of Buyer

Date

Signature of Buyer

Date

Printed Name: _____

Printed Name: _____
- (TAR-1406) 01-01-14

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Escamilla



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.
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CONCERNING THE PROPERTY AT

Lot 13, COU3, Mariposa Dr.
Concan, TX 78838

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

- (1) Type of Treatment System: ☒ Septic Tank ☐ Aerobic Treatment ☐ Unknown
- (2) Type of Distribution System: See Provided documents ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: SAME AS ABOVE ☐ Unknown
- (4) Installer: Henry Ortiz Registration # 0523810 ☐ Unknown
- (5) Approximate Age: 1 yr. ☐ 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? N/A
- (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.

(TAR-1407) 1-7-04

Initialed for Identification by Buyer _____ and Seller M.P.G.

Page 1 of 2

Frio Canyon Real Estate Management, LLC, P.O. Box 1489 Leakey, TX 78873

Phone: 830.232.4500

Fax: 830.232.4501

Shawn Gray

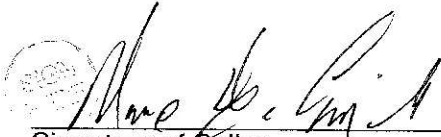
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Escamilla

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.

<u>Facility</u>	<u>Usage (gal/day) without water- saving devices</u>	<u>Usage (gal/day) with water- saving devices</u>
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.



Signature of Seller

Marco A. Escamilla

Date

Signature of Seller

Date

Receipt acknowledged by:

Signature of Buyer

Date

Signature of Buyer

Date

3144

UVALDE COUNTY
APPLICATION FOR ONSITE SEWAGE FACILITY
NEW CONSTRUCTION OR MODIFICATION

☒ NEW INSTALLATION
☐ MODIFICATION

DATE 2-17-14

1. PROPERTY OWNER'S NAME Escamilla Marco
LAST FIRST MIDDLE
2. PERMANENT MAILING ADDRESS 38 Lantana Dr. 7
3. SITE ADDRESS 38 Lantana DR. Lot 13 Canyon Oaks Subdiv
Con Can, Tx 78838
4. LEGAL DESCRIPTION sec. _____ block _____ lot 13
SUBDIVISION Canyon Oaks, Con Can, Tex.
5. SOURCE OF WATER _____ PRIVATE WELL _____ ☒ PUBLIC WATER SUPPLY
6. SINGLE FAMILY RESIDENCE ☒ no. of bedrooms 3 living area (sq. ft.) 1260
7. COMMERCIAL STRUCTURE _____ TYPE _____
NUMBER OF OCCUPANTS _____ TYPE _____
8. SITE EVALUATOR Nick H. Fohn CERTIFICATION NO. 050009244
9. DESIGNER Nick H. Fohn, R.S. LICENSE NO. (PE OR RS) 1018
10. INSTALLER Henry Ortiz REGISTRATION NO. 0523810

I certify that the above statements are true and correct to the best of to the best of my knowledge. Authorization is hereby given to Uvalde county to enter upon the above described property for the purpose of lot evaluation and inspection of the on-site sewage facility and that a permit to operate the facility will be granted following the successful inspection of the installed system which indicated that the system was installed in compliance with this County's on-site sewage facility rules, TAC 30, Chapter 245.

11. Nick H. Fohn R.S. 2-17-14
signature agent. date

UVALDE COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT # 3144

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL. UNAUTHORIZED
CONSTRUCTION CAN RESULT IN CIVIL OR CRIMINAL PENALTIES

OWNER'S NAME _____
Professional design required? Yes _____ No _____

1. SEWER (House drain)
Type and size of pipe -- 4" schedule 40 slope of sewer pipe to tank -- 1" in 8'
2. DAILY WASTE WATER USEAGE RATE Q= _____ (GALLONS PER DAY)

3. TREATMENT UNIT

- A. ~~SEPTIC TANK~~ SEPTIC TANK:
Tank dimensions _____ liquid depth _____
Size required _____

4. OTHER REQUIREMENTS _____
(please attach description)

5. DISPOSAL SYSTEM
TYPE _____
Area required _____

6. ANY ADDITIONAL INFORMATION

DESIGNER'S SIGNATURE

REGISTRATION NO.

UVALDE COUNTY HEALTH DEPARTMENT
OSSF SITE EVALUATION INFORMATION

DATE _____
CLIENT _____ ADDRESS _____
LEGAL DESCRIPTION _____ SEC _____ LOT _____ BLOCK _____
SURVEY _____ ABSTRACT _____
PROPERTY SIZE _____ ACRES _____
EXISTING OR PROPOSED STRUCTURE TO BE SERVED _____

TOPOGRAPHY

SLOPE
FLAT(UNDER 2%) _____ SLIGHT(UNDER 4%) _____ SEVERE(OVER 5%) _____
VEGETATION
GRASS/BRUSH _____ LIGHTLY WOODED _____ HEAVILY WOODED _____
SITE DRAINAGE
POOR _____ ADEQUATE _____ GOOD _____ OTHER _____

FLOOD HAZARD

PROPERTY IS LOCATED OUTSIDE THE 100 YR FLOOD PLAIN _____
IN THE 100 YR FLOOD PLAIN _____
IN THE 100 YR FLOOD PLAIN AND FLOODWAY _____

WATER SUPPLY

PUBLIC _____ COMMUNITY _____ PRIVATE _____
IF PRIVATE; DEPTH OF WELL _____ CEMENTED? _____
NEIGHBORING WELL WITHIN 100 FT. OF PROPERTY LINE? _____

CALCULATION PAGE

Date _____

CLIENT-- MAILING INFORMATION

		Phone info
_____	Home	_____
_____	Cell	_____
_____	Fax	_____

Site Physical address _____

Legal Description of Property _____

Soil & topography _____

Building Type _____ Sq. Ft. _____ BRs _____ Baths _____
Water Supply _____ WSDs yes _____ no _____
If Home Well: Distance To Septic Tank _____ Distance To Drainfield _____

Specifications for OSSF _____

CALCULATIONS

Ra (Rate of Soil Absorption) = _____ gals/sq.ft./day
Q (Average Daily Usage) = _____ gpd
V (Volume of Septic Tank) = _____ gals., two chambered
A (absorptive Area Required) = Q/Ra

_____ gpd./ _____ gals./sq.ft./day = _____ sq.ft.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY OSSF SOIL EVALUATION FORM

Owner's name _____
 Physical address of site _____
 Name of site evaluator _____ Registration number _____
 Date Performed _____ Proposed Excavation Depth _____

At least two soil evaluations must be performed on the site, at opposite ends of the Proposed disposal area. Please show the results of each soil evaluation on a separate Table. Locations of soil evaluations must be shown on the site drawing.

For subsurface disposal, soil evaluations must be performed to a depth of at least 2 feet Below the proposed excavation depth. For surface disposal, the surface horizon must Be evaluated.

Please describe each soil horizon and identify any restrictive features in the space Provided below. Draw lines at the appropriate depths.

Soil Boring Number _____					
Depth	Textural Class	Structure	Drainage Mottles/ Water Table	Restrictive Horizon	Comments
0					
1					
2					
3					
4					
5					
6					

I certify that the above statements are true and are based on my field observations SIGNATURE _____

NICK H. JOHN, E.E.
NHF Enviro Consulting Co.
2628 Garner Field Rd.
Uvalde, TX 78801

Phone: Cell: (830) 486-5125
Fax & Home: (830) 278-6094

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
OSSF SOIL EVALUATION FORM

Owner's name Marco Escamilla
Physical address of site Lot 13 Unit III Canyon Oaks Suides, Concan
Name of site evaluator Nick John Registration number 050009244
Date Performed 12-19-13 Proposed Excavation Depth 4' deep

At least two soil evaluations must be performed on the site, at opposite ends of the Proposed disposal area. Please show the results of each soil evaluation on a separate Table. Locations of soil evaluations must be shown on the site drawing.

For subsurface disposal, soil evaluations must be performed to a depth of at least 2 feet Below the proposed excavation depth. For surface disposal, the surface horizon must Be evaluated.

Please describe each soil horizon and identify any restrictive features in the space Provided below. Draw lines at the appropriate depths.

Soil Boring Number					
Depth	Textural Class	Structure	Drainage Mottles/ Water Table	Restrictive Horizon	Comments
0	dk brn clay				
	with 10% gravel				
1	1/4" - 2 1/2" diameter				
2					
3					
4					
5					
6					

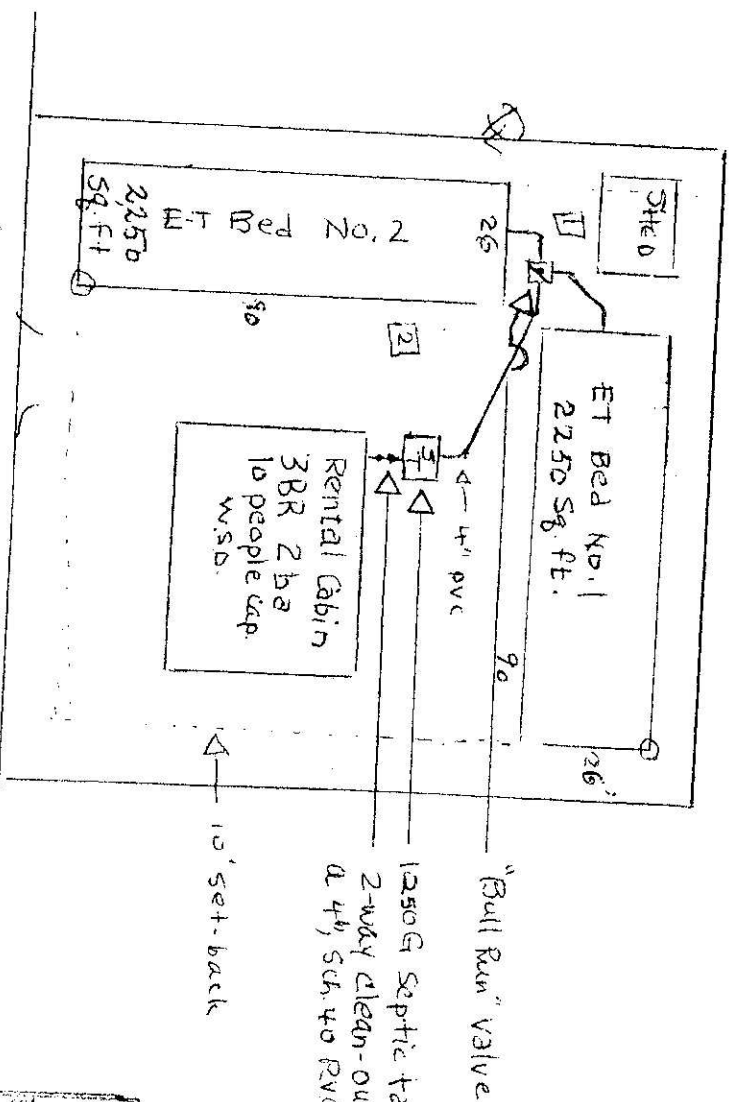
Nick H. John R.S. #1018
I certify that the above statements are true and are based on my field observations SIGNATURE



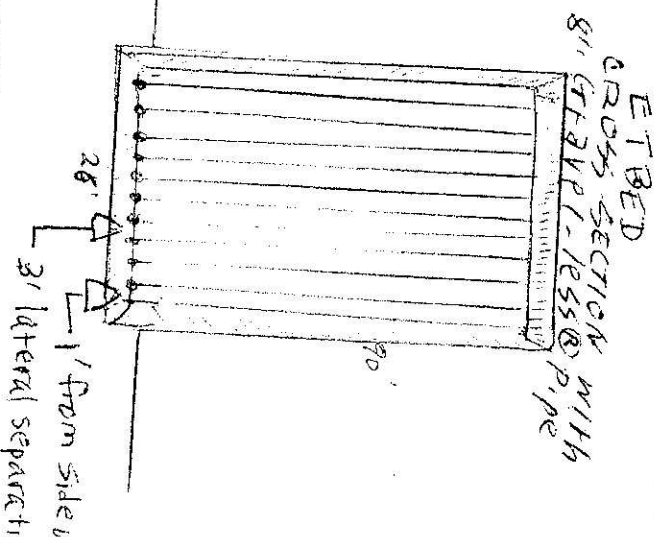
12-19-13

12-19-13

Marco A. Escamilla
38 Lantana Dr. (Lot No. 13
Canyon Oaks Subdivision, Phase III
Con Can, Tx 78838



NICK H. FOHN, R.S.
NHF Enviro Consulting Co.
2628 Garner Field Rd.
Uvalde, TX 78801
Phone: Cell: (830) 486-5125
Fax & Home: (830) 278-6094



SYMBOLS
-9 = clean-out ports
[2] = soil test sites

Lantana Dr.

A Site Evaluation & vapo-transpiration bed drain field at 38 Lantana Dr - Con Can, TX

DATE: 12-19-13
SCALE: 1" = 40'
DRAWN BY: Nick H. Fohn
DATE: 12-27-13

Nick H. Fohn

STATE OF TEXAS
COUNTY OF BROWN
NICK H. FOHN
REGISTERED PROFESSIONAL ENGINEER
NO. 10110
EXPIRATION DATE 12/31/16

Original T-12
12-27-13

NRK H. FOHN, R.S.
NEH Enviro Consulting Co.
2628 Garner Field Rd.
Uvalde, TX 78801
Phone: Cell: (830) 486-5125
Home: (830) 278-6094

SITE EVALUATION

Date 12-19-13 County Uvalde

Invoice No. _____

CLIENT - MAILING ADDRESS:

Marco A. Escamilla
38 Lantana Dr., Lot 13 Canyon Oaks
Con Can, TX 78838 Subdiv.

P _____
C _____
fax _____

Installer Henry Ortiz

Site Physical Address: 38 Lantana Dr. - Con Can, TX
GPS Location & Elevation: _____

Legal Description of Property Lot 13, Canyon Oaks Subdiv,
Phase III, Con Can, TX 78838

Soils & Topography: clay

Bldg. Type: rental
car

Water Supply: public

If Home Well: _____
Dist. To Septic Tank: _____

Sq. Ft.: 1260 BRs: 3 Ba.: 2 Res. 10 max

WSDs: YES ☒ No ☐

Dist. To Drain Field: _____

Specifications for OSSE:

CALCULATIONS:

Ra (Rate of soil absorption) =

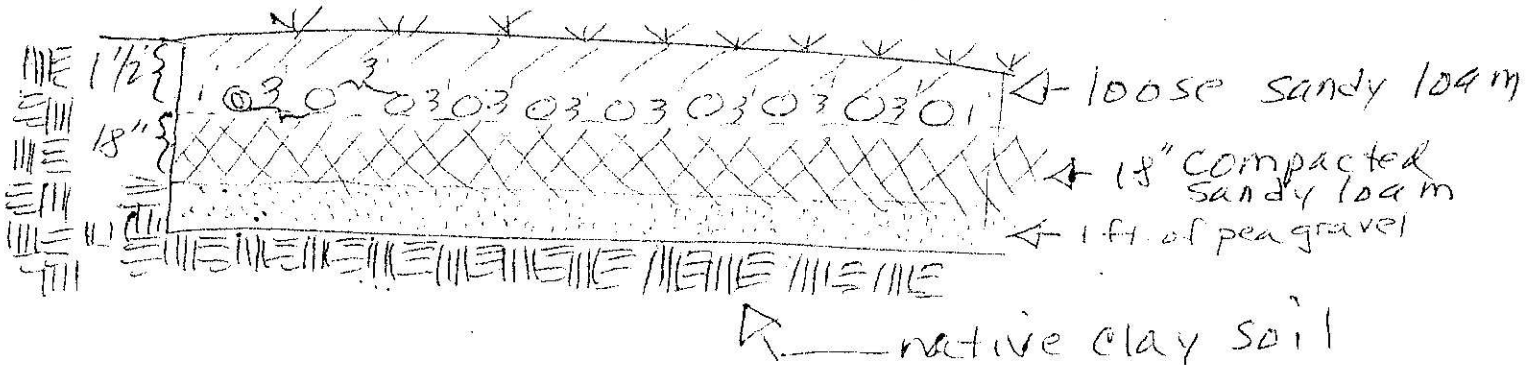
Q (Avg. Daily Usage) =

V (Vol. of septic tank) =

A (Absorptive area required): Q/Ra :

$1.6 (350 \text{ gpd.} / 0.25 \text{ gals/sq.ft./day}) = 2240 \text{ sq. ft.}$

0.25 gals./sq. ft./day based on sandy loam
350 gpd soil substitution
1350 gals., two-chambered



PROPERTY INSPECTION REPORT

Prepared For : Marco (Tony) Escamilla

Concerning: Lantana, ConCan, TX

By: Thomas W. Caldwell TREC # 9190

Date: 6/21/13

This property inspection report may include an inspection agreement (contract), addenda, and other information related to property conditions. If any item or comment is unclear, you should ask the inspector to clarify the findings. It is important that you carefully read ALL of this information.

This inspection is subject to the rules ("Rules") of the Texas Real Estate Commission ("TREC"), which can be found at www.trec.state.tx.us.

The TREC Standards of Practice (Sections 535.227-535.231 of the Rules) are the minimum standards for inspections by TREC-licensed inspectors. An inspection addresses only those components and conditions that are present, visible, and accessible at the time of the inspection. While there may be other parts, components or systems present, only those items specifically noted as being inspected were inspected. The inspector is not required to move furnishings or stored items. The inspection report may address issues that are code-based or may refer to a particular code; however, this is NOT a code compliance inspection and does NOT verify compliance with manufacturer's installation instructions. The inspection does NOT imply insurability or warrantability of the structure or its components. Although some safety issues may be addressed in this report, this inspection is NOT a safety/code inspection, and the inspector is NOT required to identify all potential hazards.

In this report, the inspector will note which systems and components were Inspected (I), Not Inspected (NI), Not Present (NP), and/or Deficient (D). General deficiencies include inoperability, material distress, water penetration, damage, deterioration, missing parts, and unsuitable installation. Comments may be provided by the inspector whether or not an item is deemed deficient. The inspector is not required to prioritize or emphasize the importance of one deficiency over another.

Some items reported as Deficient may be considered life-safety upgrades to the property. For more information, refer to Texas Real Estate Consumer Notice Concerning Recognized Hazards, form OP-1.

This property inspection is not an exhaustive inspection of the structure, systems, or components. The inspection may not reveal all deficiencies. A real estate inspection helps to reduce some of the risk involved in purchasing a home, but it cannot eliminate these risks, nor can the inspection anticipate future events or changes in performance due to changes in use or occupancy. It is recommended that you obtain as much information as is available about this property, including any seller's disclosures, previous inspection reports, engineering reports, building/remodeling permits, and reports performed for or by relocation companies, municipal inspection departments, lenders, insurers, and appraisers. You should also attempt to determine whether repairs, renovation, remodeling, additions, or other such activities have taken place at this property. It is not the inspector's responsibility to confirm that information obtained from these sources is complete or accurate or that this inspection is consistent with the opinions expressed in previous or future reports.

Items identified in the report do not obligate any party to make repairs or take other action, nor is the purchaser required to request that the seller take any action. When a deficiency is reported, it is the client's responsibility to obtain further evaluations and/or cost estimates from qualified service professionals. Any such follow-up should take place prior to the expiration of any time limitations such as option periods. Evaluations by qualified tradesmen may lead to the discovery of additional deficiencies which may involve additional repair costs.

Report Identification: Escamilla

Failure to address deficiencies or comments noted in this report may lead to further damage of the structure or systems and add to the original repair costs. The inspector is not required to provide follow-up services to verify that proper repairs have been made.

Property conditions change with time and use. For example, mechanical devices can fail at any time, plumbing gaskets and seals may crack if the appliance or plumbing fixture is not used often, roof leaks can occur at any time regardless of the apparent condition of the roof, and the performance of the structure and the systems may change due to changes in use or occupancy, effects of weather, etc. These changes or repairs made to the structure after the inspection may render information contained herein obsolete or invalid. This report is provided for the specific benefit of the client named above and is based on observations at the time of the inspection. If you did not hire the inspector yourself, reliance on this report may provide incomplete or outdated information. Repairs, professional opinions or additional inspection reports may affect the meaning of the information in this report. It is recommended that you hire a licensed inspector to perform an inspection to meet your specific needs and to provide you with current information concerning this property.

ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

This is a follow-up inspection of an extension to an older home. It is nicely finished to mask an add-on look.

Report Identification: Escamilla

I=Inspected NI=Not Inspected NP=Not Present D=Deficient

I	NI	NP	D
---	----	----	---

I. STRUCTURAL SYSTEMS

[X] ☐ ☐ ☐ A. Foundations
Type of Foundation(s): Slab on grade
Comments:

[X] ☐ ☐ ☐ B. Grading & Drainage – Comments:

[X] ☐ ☐ [X] C. Roof Covering Materials
Type(s) of Roof Covering: Metal
Viewed From: Ground
Comments: New roof. Vegetation encroaching on roof. Recommend trimming trees and brush to prevent damage to roof.

[X] ☐ ☐ [X] D. Roof Structure & Attic
Viewed From: Inside attic. Limited crawl space.
Approximate Average Depth of Insulation: 6 inches
Approximate Average Thickness of Vertical Insulation: NA
Comments: Insulation voids over entry way and front left bedroom. Attic lacks proper ventilation. Recommend roof or gable vents.

[X] ☐ ☐ [X] E. Walls (Interior & Exterior) – Comments: Exterior at back door needs paint.

[X] ☐ ☐ ☐ F. Ceilings & Floor - Comments:

[X] ☐ ☐ [X] G. Doors (Interior & Exterior) – Comments: Front door does not close tightly allowing air exchange. Latch is difficult to operate.

[X] ☐ ☐ [X] H. Windows – Comments: Window screens are missing.

☐ ☐ [X] ☐ I. Stairways (Interior & Exterior) – Comments:

☐ ☐ [X] ☐ J. Fireplace/Chimney – Comments:

[X] ☐ ☐ ☐ K. Porches, Balconies, Decks and Carports – Comments:

Report Identification: Escamilla

I=Inspected

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I NI NP D

☐ ☐ ☐ ☐ L. Other – Comments:

II. ELECTRICAL SYSTEMS

☒ ☐ ☐ ☐ A. Service Entrance and Panels – Comments:

☒ ☐ ☐ ☒ B. Branch Circuits, Connected Devices, and Fixtures

Type of Wiring: Copper

Comments: Junction box in attic lacks protective cover. Outlet box in hall closet lacks receptacle and protective cover.

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

☒ ☐ ☐ ☐ A. Heating Equipment

Type of System: Central 2 units

Energy Source: Electric

Comments: Did not activate system due to exterior heat and 83° interior temperature.

☒ ☐ ☐ ☒ B. Cooling Equipment

Type of System: Central 2 units

Energy Source:

Comments: Units are not activated.

☒ ☐ ☐ ☐ C. Duct Systems, Chases and Vents – Comments:

IV. PLUMBING SYSTEM

☒ ☐ ☐ ☐ A. Water Supply System and Fixtures

Location of water meter: Community water supply

Location of main water supply valve: Left side of house at rear.

Static Water pressure reading: Adequate

Comments:

☒ ☐ ☐ ☐ B. Drains, Wastes and Vents – Comments:

I=Inspected NI=Not Inspected NP=Not Present D=Deficiency

I	NI	NP	D
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☒ ☐ ☐ ☒ C. Water Heating Equipment

Energy Source: Electric

Capacity: 40 gallons

Comments: Water heater lacks TPR drain line.

☐ ☐ ☒ ☐ D. Hydro-Massage Therapy Equipment – Comments:

V. APPLIANCES

☐ ☐ ☒ ☐ A. Dishwasher – Comments:___

☐ ☐ ☒ ☐ B. Food Waste Disposer – Comments:___

☐ ☐ ☒ ☐ C. Range Exhaust Vent – Comments:___

☐ ☐ ☒ ☐ D. Ranges, Cook-tops, and Ovens – Comments:___

☐ ☐ ☒ ☐ E. Microwave Oven – Comments:___

☐ ☐ ☒ ☐ F. Trash Compactor – Comments:___

☒ ☐ ☐ ☐ G. Mechanical Exhaust Vents and Bathroom Heaters –Comments___

☐ ☐ ☒ ☐ H. Garage Door Opener(s) – Comments:___

☐ ☐ ☒ ☐ I. Doorbell and Chimes – Comments:___

☒ ☐ ☐ ☐ J. Dryer Vents – Comments: Terminates at rear of house directly through exterior wall.

Report Identification Escamilla

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficiency

I IN NP D

VI. OPTIONAL SYSTEMS

☐ ☐ ☒ ☐ A. Lawn and Garden Sprinkler Systems – Comments:___

☐ ☐ ☒ ☐ B. Swimming Pools, Spas, Hot Tubs and Equipment
Type of Construction:___
Comments:___

☐ ☐ ☒ ☐ C. Outbuildings – Comments:___

☐ ☐ ☒ ☐ D. Outdoor Cooking Equipment
Energy Sources:___
Comments:___

☐ ☐ ☒ ☐ E. Gas Supply Systems – Comments:___

☐ ☐ ☒ ☐ F. Private Water Wells (A coliform analysis is recommended)
Type of Pump : ___
Type of Storage Equipment: ___
Comments: ___

☒ ☐ ☐ ☐ G. Private Sewage Disposal (Septic) Systems
Type of System: ___
Location of Drain Field: Left of house
Comments: ___

☐ ☐ ☒ ☐ H. Whole-House Vacuum Systems – Comments:___

☐ ☐ ☒ ☐ I. Other Built-In Appliances – Comments: ___