

Susan Kiel, Broker Associate



## Market Realty, Inc.

You can Trust the Market Team

615 N Main St.

Burton, TX 77835

Phone: 979-289-2159

Mobile: 979-251-4078

Fax: 979-289-2159

E-mail: [burton@marketrealty.com](mailto:burton@marketrealty.com)

Escape to this 36 acres on the south side of Lake Somerville near historic Burton, TX. Well kept 2,683 SF two story home with pool, excellent porches and fenced yard. Property has small pond, scattered oaks and cedar and native pastures. Is perimeter fenced and has 879 SF workshop.

**From Brenham head west on Hwy 290 towards Austin. Turn right on FM 1948. Drive approximately 4.8 miles, follow FM 1948 to the right. Approx. 0.62 mile down property on the right. Veer left on driveway, house at back of property.**



**\$579,000**



**8605 FM 1948 w. Burton, Texas 77835 36.08 acres**

- Ag exemption
- Close to the lake
- Secluded home site
- Peaceful setting
- Paved rd frontage
- Only 15 min to Brenham
- Detached workshop
- Rare offering in this area



**Rash-36.08 ac.**

Write a description for your map.

Legend

1 ac.  
not part  
of sale

**SUBJECT**  
**36.08 ac.**

Google earth

© 2015 Google

1948

N

800 ft





# 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 8605 FM 1948 W  
Burton, TX 77835

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?  
☐ \_\_\_\_\_ 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               |                                     |                                     |   | 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            |                                     |                                     |   | number of units: _____                                                                                                                    |
| Wall/Window AC Units           |                                     | <input checked="" type="checkbox"/> |   | number of units: _____                                                                                                                    |
| Attic Fan(s)                   | <input checked="" type="checkbox"/> |                                     |   | if yes, describe: <u>1</u>                                                                                                                |
| 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: _____       |
| Carport                        |                                     | <input checked="" type="checkbox"/> |   | <input type="checkbox"/> attached <input type="checkbox"/> not attached                                                                   |
| Garage                         | <input checked="" type="checkbox"/> |                                     |   | <input checked="" 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 type="checkbox"/> leased from _____                                                                 |
| 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: <u>2</u> |
| Water Softener                 |                                     | <input checked="" type="checkbox"/> |   | <input type="checkbox"/> owned <input type="checkbox"/> leased from _____                                                                 |
| Underground Lawn Sprinkler     |                                     | <input checked="" type="checkbox"/> |   | <input type="checkbox"/> automatic <input type="checkbox"/> manual areas covered: _____                                                   |
| 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

Market Realty, Inc. PO Box 101 Burton, TX 77833  
Susan Kiel

Initialed by: Buyer: \_\_\_\_\_ and Seller: RRR OL

Phone: (979)289-2159 Fax: (979)289-2159  
Produced with zipForm® by zipLogix. 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

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Rash

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: Composition Age: \_\_\_\_\_ (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                                   | Item                 | Y | N                                   | Item                        | Y | N                                   |
|--------------------|---|-------------------------------------|----------------------|---|-------------------------------------|-----------------------------|---|-------------------------------------|
| Basement           |   | <input checked="" type="checkbox"/> | Floors               |   | <input checked="" type="checkbox"/> | Sidewalks                   |   | <input checked="" type="checkbox"/> |
| Ceilings           |   | <input checked="" type="checkbox"/> | Foundation / Slab(s) |   | <input checked="" type="checkbox"/> | Walls / Fences              |   | <input checked="" type="checkbox"/> |
| Doors              |   | <input checked="" type="checkbox"/> | Interior Walls       |   | <input checked="" type="checkbox"/> | Windows                     |   | <input checked="" type="checkbox"/> |
| Driveways          |   | <input checked="" type="checkbox"/> | Lighting Fixtures    |   | <input checked="" type="checkbox"/> | Other Structural Components |   | <input checked="" type="checkbox"/> |
| Electrical Systems |   | <input checked="" type="checkbox"/> | Plumbing Systems     |   | <input checked="" type="checkbox"/> |                             |   |                                     |
| Exterior Walls     |   | <input checked="" type="checkbox"/> | Roof                 |   | <input checked="" type="checkbox"/> |                             |   |                                     |

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

**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                                   | Condition                                                             | Y | N                                   |
|----------------------------------------------------------------------------------|---|-------------------------------------|-----------------------------------------------------------------------|---|-------------------------------------|
| Aluminum Wiring                                                                  |   | <input checked="" type="checkbox"/> | Previous Foundation Repairs                                           |   | <input checked="" type="checkbox"/> |
| Asbestos Components                                                              |   | <input checked="" type="checkbox"/> | Previous Roof Repairs                                                 |   | <input checked="" type="checkbox"/> |
| Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/> _____ |   | <input checked="" type="checkbox"/> | Other Structural Repairs                                              |   | <input checked="" type="checkbox"/> |
| Endangered Species/Habitat on Property                                           |   | <input checked="" type="checkbox"/> | Radon Gas                                                             |   | <input checked="" type="checkbox"/> |
| Fault Lines                                                                      |   | <input checked="" type="checkbox"/> | Settling                                                              |   | <input checked="" type="checkbox"/> |
| Hazardous or Toxic Waste                                                         |   | <input checked="" type="checkbox"/> | Soil Movement                                                         |   | <input checked="" type="checkbox"/> |
| Improper Drainage                                                                |   | <input checked="" type="checkbox"/> | Subsurface Structure or Pits                                          |   | <input checked="" type="checkbox"/> |
| Intermittent or Weather Springs                                                  |   | <input checked="" type="checkbox"/> | Underground Storage Tanks                                             |   | <input checked="" type="checkbox"/> |
| Landfill                                                                         |   | <input checked="" type="checkbox"/> | Unplatted Easements                                                   |   | <input checked="" type="checkbox"/> |
| Lead-Based Paint or Lead-Based Pt. Hazards                                       |   | <input checked="" type="checkbox"/> | Unrecorded Easements                                                  |   | <input checked="" type="checkbox"/> |
| Encroachments onto the Property                                                  |   | <input checked="" type="checkbox"/> | Urea-formaldehyde Insulation                                          |   | <input checked="" type="checkbox"/> |
| Improvements encroaching on others' property                                     |   | <input checked="" type="checkbox"/> | Water Penetration                                                     |   | <input checked="" type="checkbox"/> |
| Located in 100-year Floodplain                                                   |   | <input checked="" type="checkbox"/> | Wetlands on Property                                                  |   | <input checked="" type="checkbox"/> |
| Located in Floodway                                                              |   | <input checked="" type="checkbox"/> | Wood Rot                                                              |   | <input checked="" type="checkbox"/> |
| Present Flood Ins. Coverage                                                      |   | <input checked="" type="checkbox"/> | Active infestation of termites or other wood destroying insects (WDI) |   | <input checked="" type="checkbox"/> |
| (If yes, attach TAR-1414)                                                        |   |                                     | Previous treatment for termites or WDI                                |   | <input checked="" type="checkbox"/> |
| Previous Flooding into the Structures                                            |   | <input checked="" type="checkbox"/> | Previous termite or WDI damage repaired                               |   | <input checked="" type="checkbox"/> |
| Previous Flooding onto the Property                                              |   | <input checked="" type="checkbox"/> | Previous Fires                                                        |   | <input checked="" type="checkbox"/> |
| Located in Historic District                                                     |   | <input checked="" type="checkbox"/> | Termite or WDI damage needing repair                                  |   | <input checked="" type="checkbox"/> |
| Historic Property Designation                                                    |   | <input checked="" type="checkbox"/> | Single Blockable Main Drain in Pool/Hot Tub/Spa*                      |   | <input checked="" type="checkbox"/> |
| Previous Use of Premises for Manufacture of Methamphetamine                      |   | <input checked="" type="checkbox"/> |                                                                       |   |                                     |



Concerning the Property at \_\_\_\_\_

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

\*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.)**

- | <input type="checkbox"/> Y | <input type="checkbox"/> N          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | 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.                                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Homeowners' associations or maintenance fees or assessments. If yes, complete the following:<br>Name of association: _____<br>Manager's name: _____ Phone: _____<br>Fees or assessments are: \$ _____ per _____ and are: <input type="checkbox"/> mandatory <input type="checkbox"/> voluntary<br>Any unpaid fees or assessment for the Property? <input type="checkbox"/> yes (\$ _____) <input type="checkbox"/> no<br>If the Property is in more than one association, provide information about the other associations below or attach information to this notice. |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:<br>Any optional user fees for common facilities charged? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe: _____                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Any condition on the Property which materially affects the health or safety of an individual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | 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.<br>If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).                                                                                                                                                                                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | 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.                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | 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): \_\_\_\_\_

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 |
|-----------------|------|-------------------|--------------|
|                 |      |                   |              |
|                 |      |                   |              |
|                 |      |                   |              |
|                 |      |                   |              |

*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: \_\_\_\_\_ ☐ 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.*



Concerning the Property at \_\_\_\_\_

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.

R Randall Rash

Signature of Seller

3-20-15

Date

Dolly F Rash

Signature of Seller

3-19-15

Date

Printed Name: RRANDALL RASHPrinted Name: Dolly F Rash**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](http://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: \_\_\_\_\_



# 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

8605 FM 1948 W  
Burton, TX 77835

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

- (1) Type of Treatment System: ☒ Septic Tank ☐ Aerobic Treatment ☐ Unknown  
☐ \_\_\_\_\_
- (2) Type of Distribution System: \_\_\_\_\_ ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: FIELD IN FRONT ☐ Unknown  
LEFT OF HOME
- (4) Installer: TRAVIS ROSENBAUM ☐ Unknown
- (5) Approximate Age: \_\_\_\_\_ ☐ 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: N/A  
 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? \_\_\_\_\_
- (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.



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

R. Randall Rash      3-20-15  
Signature of Seller      Date  
**R. Randall Rash**

Dolly F. Rash      3-19-15  
Signature of Seller      Date  
**Dolly F. Rash**

Receipt acknowledged by:

\_\_\_\_\_  
Signature of Buyer      Date

\_\_\_\_\_  
Signature of Buyer      Date