

### TEXAS ASSOCIATION OF REALTORS®

### **SELLER'S DISCLOSURE NOTICE**

©Texas Association of REALTORS®, Inc. 2011

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.

|   |              |              |              |                |             |                  |                                    |              |                      |                  | Kay St.   |            |           |
|---|--------------|--------------|--------------|----------------|-------------|------------------|------------------------------------|--------------|----------------------|------------------|---|------------|-----------|
| CONCERNING THE PRO                                    | OPE          | RT           | YAT_         |                | _           | _                | F                                  | lar          | pe:                  | r, T             | X 78631   |            |           |
| DATE SIGNED BY SEL<br>MAY WISH TO OBTAIN<br>AGENT.    | LER<br>I. IT | Al<br>IS     | ND IS<br>NOT | NO<br>A W      | T A         | RA               | JBSTITUTE FOR A<br>NTY OF ANY KIND | BY           | SE                   | SPEC             | DITION OF THE PROPERTY AS<br>CTIONS OR WARRANTIES TH<br>R, SELLER'S AGENTS, OR AN | E B<br>Y C | SUYER     |
| Seller ⊠is □ is not o                                 | ccup         | yin          | g the I      | orop<br>_ or   | ert         | y. If            | unoccupied (by Sel                 | ler),<br>per | , ho<br>ty           | w lon            | g since Seller has occupied the   | Pro        | perty     |
| Section 1. The Proper                                 | ty h         | as<br>tab    | the ite      | ms<br>iten     | ma<br>ns te | rke              | d below: (Mark Yes                 | ect w        | ), N                 | o (N)<br>leterm  | , or Unknown (U).)<br>ine which items will & will not conve                       | y.         |           |
| Item  | Y            | N            | U            | H              | tem         |                  |                                    |              | N                    | U                | Item  | Υ          | N U       |
| Cable TV Wiring                                       | V            |              |              |                |             |                  |                                    | *            |                      |                  | Pump: ☐ sump ☐ grinder  |            | $\vee$    |
| Carbon Monoxide Det.                                  |              | V            |              | _2             | LP          | Cor              | nmunity (Captive)                  | 0            | V                    |                  | Rain Gutters  |            |           |
| Ceiling Fans  | V            |              |              | -              | LP          | on F             | Property                           |              | V                    |                  | Range/Stove   | V          |           |
| Cooktop   |              | $\checkmark$ |              | H              | lot         | Tub              |                                    |              | <b>V</b>             |                  | Roof/Attic Vents  | V          |           |
| Dishwasher  | $\checkmark$ | -W           |              | lı             | nter        | con              | n System                           |              | $\checkmark$         |                  | Sauna   |            | V         |
| Disposal  |              | $\checkmark$ |              | ٨              | /licr       | owa              | ive                                |              | V                    |                  | Smoke Detector  | V          |           |
| Emergency Escape                                      |              | 1 1          |              |                | Duto        | loor             | Grill                              | П            |                      |                  | Smoke Detector - Hearing  |            |           |
| Ladder(s)   |              | V            |              |                |             |                  |                                    |              | $\checkmark$         |                  | Impaired  |            | $\sqrt{}$ |
| Exhaust Fans  | V            |              |              | F              | atio        | )/De             | ecking                             | V            |                      |                  | Spa   |            |           |
| Fences  | V            |              |              | F              | Plun        | nbin             | g System                           | V            |                      |                  | Trash Compactor   |            | V         |
| Fire Detection Equip.                                 | <b>V</b>     |              |              | F              | Pool        |                  | V                                  |              |                      | TV Antenna       |   | V          |           |
| French Drain  |              |              | $\checkmark$ | Pool Equipment |             | $\vee$           |                                    |              | Washer/Dryer, Hookup | V                |   |            |           |
| Gas Fixtures 32                                       | F            | V            |              | F              | ool         | Ma               | int. Accessories                   | $\checkmark$ |                      |                  | Window Screens  | V          |           |
| Natural Gas Lines                                     | 8            | V            |              | P              | ool         | He               | ater                               |              | V                    |                  | Public Sewer System   |            | V         |
| Item  |              |              |              | Y              | N           | U                |                                    |              | Α                    | dditic           | onal Information  |            |           |
| Central A/C   |              |              |              | V              |             |                  | electric    □ gas                  | n            | umb                  | oer of           | units:  |            |           |
| Evaporative Coolers                                   |              |              |              |                | V           |                  | number of units:                   |              |                      |                  |   |            |           |
| Wall/Window AC Units                                  |              |              |              |                | V           |                  | number of units:                   |              |                      |                  |   |            |           |
| Attic Fan(s)  |              |              |              |                |             | V                | if yes, describe:                  |              |                      |                  |   |            |           |
| Central Heat  |              |              |              | V              |             |                  | ☑ electric ☐ gas number of units:  |              |                      |                  |   |            |           |
| Other Heat  |              |              |              |                | V           |                  | if yes, describe:                  |              | P                    | P                |   |            |           |
| Oven  |              | 2            | BR           | 1              | V           |                  | number of ovens:                   |              |                      |                  |   |            |           |
| Fireplace & Chimney                                   |              |              | 4            |                | $\vee$      |                  | ☐ wood ☐ gas lo                    |              |                      |                  | other:  |            |           |
| Carport   |              |              |              | V              |             |                  | ☑ attached ☐ no                    | t at         | tacl                 | ned              |   |            |           |
| Garage  |              |              |              |                | V           |                  | ☐ attached ☐ no                    | t at         | tacl                 | ned              |   |            |           |
| Garage Door Openers                                   |              |              |              |                | /           |                  | number of units: _                 |              |                      |                  | number of remotes:  |            |           |
| Satellite Dish & Controls                             |              |              |              | $\vee$         |             | owned lease      | ed fr                              | om           |                      |                  |   |            |           |
| Security System                                       |              |              |              |                | V           |                  | ☐ owned ☐ lease                    | ed fr        | om                   |                  |   | _          |           |
| Water Heater  |              |              | $\checkmark$ |                |             | ☑ electric ☐ gas |                                    | oth          | ier: _               | number of units: | <u></u>   |            |           |
| Water Softener  |              |              |              |                | <b>V</b>    |                  | owned lease                        |              |                      |                  |   |            |           |
| Underground Lawn Sprinkler ✓ □ automatic □ manual are |              |              |              |                |             |                  |                                    |              |                      |                  |   |            |           |
| Septic / On-Site Sewer F                              | -acil        | ity          |              | <b>V</b>       |             |                  | if yes, attach Inforr              | nati         | on.                  | About            | On-Site Sewer Facility (TAR-14  | 107)       | )         |

|   |         |          |                               |              |                      |  |                    |                              | y St.                                |         |          |
|---|---------|----------|-------------------------------|--------------|----------------------|--|--------------------|------------------------------|--------------------------------------|---------|----------|
| Concerning the Property at _  |         |          | STATE OF BETTER BEING         |              |                      |  |                    |                              | 78631                                |         |          |
| Water supply provided by:   | city    | O W      | ell MUD                       |              | co-o                 | p 🗆 un   | knov               | vn C                         | Tother: Hqua Texas                   | _       |          |
| Was the Property built before 1978? ☐ yes ☑ no ☐ unknown  |         |          |                               |              |                      |  |                    |                              |                                      |         |          |
| (If yes, complete, sign, and attach TAR-1906 concerning lead-based paint hazards).  Roof Type: Age: Age: (approximate the concerning lead-based paint hazards). |         |          |                               |              |                      |  | District N         |                              |                                      |         |          |
| Roof Type: Composi-   | HOL     | <u> </u> |                               | - A          | ge:_                 | 2015   | •                  | S 108 (200)                  |                                      |         |          |
|   |         | n the    | Property (sh                  | ing          | es or                | roof cov   | ering              | g plac                       | ed over existing shingles or roof co | veri    | ng)?     |
| ☐ yes ☐ no ☐ unknown  | E       |          |                               |              |                      |  |                    |                              |                                      |         |          |
| Are you (Seller) aware of an  | y of th | e item   | ns <mark>li</mark> sted in th | is S         | Section              | n 1 that   | are r              | not in                       | working condition, that have defec-  | s, o    | r are    |
| need of repair? yes   | no If   | yes,     | describe (att                 | ach          | addi                 | tional she   | ets                | if nec                       | essary):                             |         | _        |
|   |         |          |                               |              |                      |  |                    |                              |                                      |         | _        |
|   |         |          |                               | _            |                      |  | _                  |                              |                                      |         | _        |
| Section 2. Are you (Seller aware and No (N) if you are  |         |          |                               | or           | malf                 | unctions   | in a               | any o                        | f the following?: (Mark Yes (Y) if   | you     | are      |
| Item  | YN      | 1        | Item                          |              |                      |  | YI                 | N                            | Item                                 | Y       | N        |
| Basement  | V       | 7        | Floors                        | т            | _                    |  |                    | 7                            | Sidewalks                            |         |          |
| Ceilings  | T C     | 7        | Foundation                    | n / S        | Slab(s               | (3   |                    | 7                            | Walls / Fences                       |         | t        |
| Doors   |         | 7        | Interior Wa                   |              | 100/0                | ,  |                    | 7                            | Windows                              |         |          |
| Driveways   | Ť       | 7        | Lighting Fi                   |              | es                   |  |                    | 7                            | Other Structural Components          |         |          |
| Electrical Systems  | 1       | 7        | Plumbing                      |              | 10.747 To 10.00      |  | 1                  | 7                            |                                      | $\top$  |          |
| Exterior Walls  |         | 9        | Roof                          | Оуо          | Cino                 |  |                    | -                            |                                      | =       |          |
| If the answer to any of the ite   |         | Δ        |                               | -            | 1 N N                | N2 52  | Oct.               |                              |                                      | _       | 1        |
| Section 3. Are you (Seller you are not aware.)  | r) awa  | ire of   | any of the                    | follo        | owing                | CoC.U.C.S. on Semble   |                    | ar squevizar                 | rk Yes (Y) if you are aware and I    | 10 (1   | N) IT    |
| Condition   |         |          |                               | Υ            | N                    | Cond   |                    |                              |                                      | Υ       | N        |
| Aluminum Wiring   |         |          |                               |              | ~                    |  | -                  |                              | dation Repairs                       | _       | ~        |
| Asbestos Components   |         |          |                               |              | -                    |  |                    |                              | Repairs Ly                           | EV      | 1        |
| Diseased Trees: 🖾 oak w   | ilt 🗆   |          |                               | V            |                      |  |                    |                              | ll Repairs                           |         | V        |
| Endangered Species/Habita   | at on f | Proper   | ty                            |              | -                    | Rado   |                    | as                           |                                      | $\perp$ | 1        |
| Fault Lines   |         |          |                               |              | ~                    | Settlin  | 11000              |                              |                                      |         | ~        |
| Hazardous or Toxic Waste  |         |          |                               |              | $\checkmark$         | Soil N   |                    |                              |                                      | _       | ~        |
| Improper Drainage   |         |          |                               |              | $\checkmark$         |  |                    | 1,000                        | ucture or Pits                       | $\perp$ | M        |
| Intermittent or Weather Spr   | ings    |          |                               |              |                      | The state of the s |                    |                              | torage Tanks                         | _       | 1        |
| Landfill  | -       |          |                               |              | ~                    |  | -                  |                              | ments                                | -       | 4        |
| Lead-Based Paint or Lead-I  |         |          | azards                        |              | V                    | And the second second  | -                  | _                            | sements                              | +       | 14       |
| Encroachments onto the Pr   |         |          |                               |              |                      |  |                    |                              | yde Insulation                       | +       | 1        |
| Improvements encroaching  |         | hers' p  | roperty                       |              | $\checkmark$         | Water  |                    |                              |                                      | +       | V        |
| Located in 100-year Floodp  | lain    |          |                               |              | $\checkmark$         |  |                    |                              | operty                               | +       | 4        |
| Located in Floodway   |         |          |                               | $\checkmark$ | Wood                 |  |                    |                              |                                      | 4       |          |
| Present Flood Ins. Coverage   |         |          |                               |              | 100 VANDE VAND (CC.) |  |                    | on of termites or other wood |                                      | 1       |          |
| (If yes, attach TAR-1414)   |         |          | L                             | $\leq$       | _                    | _  |                    | cts (WDI)                    | +                                    | Ľ,      |          |
| Previous Flooding into the Structures   |         |          |                               |              |                      |  |                    | -                            | nent for termites or WDI             | +       | 4        |
| Previous Flooding onto the Property   |         |          |                               |              |                      |  | THE REAL PROPERTY. | WATER STREET                 | e or WDI damage repaired             | +       | <b>M</b> |
| Previous Fires  |         |          |                               |              | $\checkmark$         |  |                    |                              | damage needing repair                | +       | 4        |
| Previous Use of Premises for  | or Mar  | nutact   | ure                           |              | 1                    | Single   | Blo                | ckabl                        | e Main Drain in Pool/Hot Tub/Spa*    |         | 1        |
| of Methamphetamine  |         |          |                               |              | 1                    |  |                    |                              |                                      |         | 1/1/22   |

Page 2 of 5 Reid, Lois Kay

#### 84 Lois Kay St. Harper, TX 78631

| Co       | oncerni | ng the Property at Harper, TX 78631   |
|----------|---------|---|
| lf t     | he ans  | wer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary):   |
|          | on      | Rwilt is in the area  |
| _        | 0.00    | Covering replaced 2013  |
| _        | 7120    |   |
| wh       | nich ha | *A single blockable main drain may cause a suction entrapment hazard for an individual.  4. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, as not been previously disclosed in this notice?   yes for an individual.  If yes, explain (attach additional sheets in the property that is in need of repair, as not been previously disclosed in this notice?   yes for an individual. |
|          | ction 5 | 5. Are you (Seller) aware of any of the following (Mark Yes (Y) if you are aware. Mark No (N) if you are  |
| <u>Y</u> | 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.  |
|          | Ø       | Homeowners' associations or maintenance fees or assessments. If yes, complete the following:  Name of association:  |
|          |         | Name of association:  Manager's name:  Fees or assessments are: \$ per 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.  |
|          | চ্      | 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:  |
|          | Ø       | Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.   |
|          | ď       | Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)  |
|          | Q       | Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.   |
|          | U       | 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).  |
|          | Ø       | Any rainwater harvesting system connected to the property's public water supply that is able to be used for indoor potable purposes.  |
| If th    | ne ansv | ver to any of the items in Section 5 is yes, explain (attach additional sheets if necessary):   |
| (TA      | R-1406  | 6) 9-01-11 Initialed by: Seller   |

| Concerning the Pro   | perty at   |  | 84 Lois Kay St.<br>Harper, TX 78631  |   |
|--|--|--|--|---|
| Section 7. Withir regularly provide  | the last 4 ye  | s not attached a survey of tars, have you (Seller) receiled who are either licensed yes, attach copies and comp  | eived any written inspection as inspectors or otherwise p  | reports from persons who<br>ermitted by law to perform  |
| Inspection Date  | Туре   | Name of Inspector  |  | No. of Pages  |
|  |  |  |  |   |
| <i>Pr</i><br>Section 8. Check<br>☑ Homestead   | operty. A buye<br>any tax exem   | er should obtain inspection<br>otion(s) which you (Seller)<br>Senior Citizen   | ports as a reflection of the cures from inspectors chosen by currently claim for the Proper Disabled   | the buyer.  |
| ☐ Wildlife Mana  | 77   | ☐ Agricultural   | ☐ Disabled Veteran☐ Unknown  |   |
| requirements of Cl   | napter 766 of t  | nave working smoke detection<br>the Health and Safety Code<br>(ry):  | otors installed in accordance<br>?* □ unknown □ no ☑ es  | with the smoke detector<br>i. If no or unknown, explain.  |
| smoke detect which the dv know the bu local building A buyer may of the buyer' evidence of t | ctors installed invelling is located in its located | n accordance with the required, including performance, locuirements in effect in your are information.  To install smoke detectors full reside in the dwelling is he airment from a licensed physical.   | one-family or two-family dwelling code interements of the building code interaction, and power source requires, you may check unknown a cor the hearing impaired if: (1) the paring-impaired; (2) the buyer good in the land (3) within 10 days after the land smoke detectors for the land in the lan | effect in the area in ements. If you do not above or contact your e buyer or a member ives the seller written ter the effective date, |
| specifies the<br>detectors and   | locations for in<br>d which brand c  | stallation. The parties may a first state of the state of | agree who will bear the cost of on the best of Seller's belief and   | installing the smoke  |
|  |  |  | te information or to omit any ma   |   |
| Signature of Seller  | in a soid  | No. of the second secon | ignature of Seller   | Date  |
| Printed Name: Rob  |  | tialed by: Saller: LAR   | rinted Name. Lisa J. Reid  | Page 4 of 5   |

#### 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 <u>www.txdps.state.tx.us</u>. 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.

| Electric: Central TX Elec G-op | phone #: |
|--------------------------------|----------|
| Sewer: NA                      | phone #: |
| Water: Agu a TX                | phone #: |
| Cable: DISH                    | phone #: |
| Trash: Rill-Holmes             | phone #: |
| Natural Gas: NA                | phone #: |

Propane: NA phone #: \_\_\_\_\_\_

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

The undersigned Buyer acknowledges receipt of the foregoing notice.

AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.

Phone Company: Windstre and

The following providers currently provide service to the property:

| 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.

©Texas Association of REALTORS®, Inc., 2004

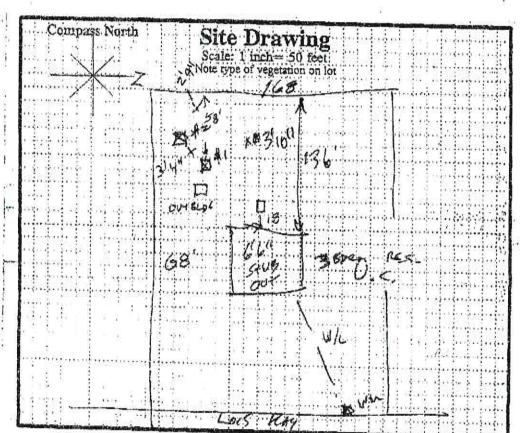
| CO     | NCERNING THE PROPERTY AT 84 Lois Kay St. Harper, TX 78631  |              |                        |
|--------|--|--------------|------------------------|
| A.     | DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:   |              |                        |
|        | (1) Type of Treatment System: Septic Tank Aerobic Treatment  | <b>⊠</b> Ur  | n <mark>known</mark>   |
|        | (2) Type of Distribution System:   | 🗷 Ur         | n <mark>known</mark>   |
|        | (3) Approximate Location of Drain Field or Distribution System: southwest of hous  | e Ur         | nknown                 |
|        | (4) Installer: Zinsmeister   | Ur           | nknown                 |
|        | (5) Approximate Age: 1999  | 🛄 Ur         | nknown                 |
| В.     | MAINTENANCE INFORMATION:   |              |                        |
|        | (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility?  If yes, name of maintenance contractor:  Phone:  contract expiration date:  Maintenance contracts must be in effect to operate aerobic treatment and certain resewer facilities.) |              |                        |
|        | (2) Approximate date any tanks were last pumped? Summer 2013   |              |                        |
|        | (3) Is Seller aware of any defect or malfunction in the on-site sewer facility?  If yes, explain:  | ☐ Yes        | <b>⊠</b> No            |
|        | (4) Does Seller have manufacturer or warranty information available for review?  | Yes          | <b>⊠</b> 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 maintenance contract manufacturer information warranty information  | OSSF was in  | stalled                |
|        | (2) "Planning materials" are the supporting materials that describe the on-site sev submitted to the permitting authority in order to obtain a permit to install the on-site   |              |                        |
|        | (3) It may be necessary for a buyer to have the permit to operate an on-<br>transferred to the buyer.  | site sewer f | acility                |
|        | -1407) 1-7-04 Initialed for Identification by Buyer, and Seller £  | RR Pag       | je <mark>1</mark> of 2 |
| Real E | state Advisory Team 734 S. Washington St. Fredericksburg, TX 78624   |              | * 1 14                 |

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

| Robin A. Reid 12-26 Robin A. Reid PDA | 0-13<br>Date | Signature of Seller Lisa J. Reid | 12 - 26 - 13<br>Date |
|---------------------------------------|--------------|----------------------------------|----------------------|
| Receipt acknowledged by:              |              |                                  |                      |
| Signature of Buyer                    | Date         | Signature of Buyer               | Date                 |



Features of Site Area

it ...

| Presence of 100 year flood zone Presence of adjacent ponds, streams, water impoundments Existing or proposed water well in nearby area Organized sewage service available to lot or mact | Yes<br>Yes<br>Yes | No.         | 4      |
|--|-------------------|-------------|--------|
| Size Evaluator: Size Communication Control one: RS. (FE) DR. Installer E. Signature: Ru  | R Caron           | License No: | 057607 |
| a.79 - 95 West   |                   | THE         | 242905 |

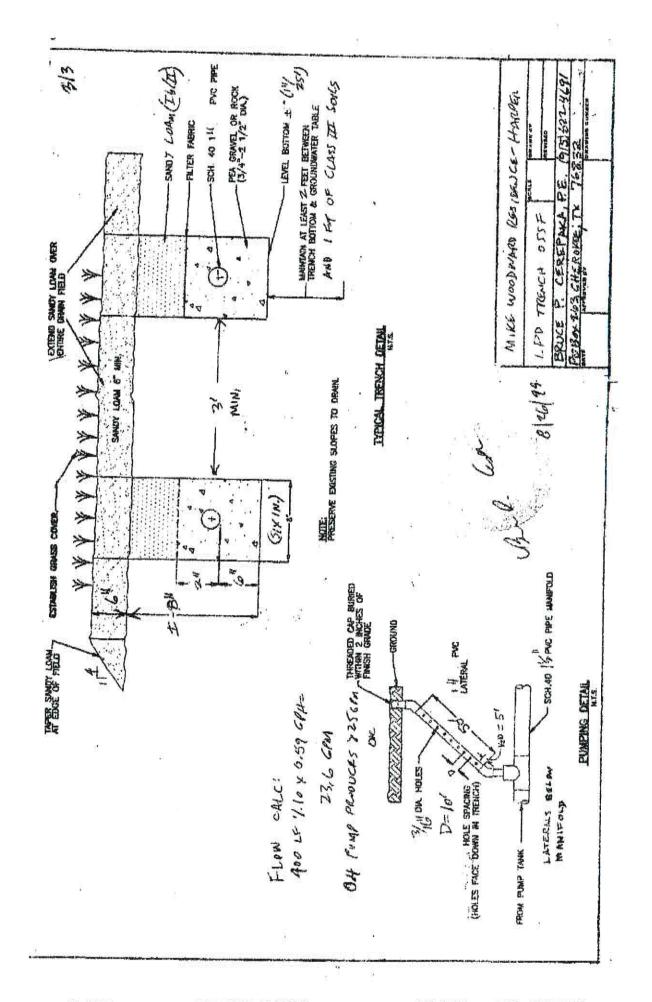
MALLOUS ALL GOODIES IN M

| Date:/6 Aug 99   | Number:   |
|--|---|
| Applicant Information:   | Site Evaluator Information:   |
| Address: /// Turkey De State: To<br>City: //Arress Phone: Sky 1716; Fax  | Company: Deul Zimeneister Core The Address: UC a 3 Box 5 2 8 State: Tv Zip Code: 786.31 Phone: \$303644574Fax:  |
| Strant/Bond Address Louis KAU DR   | Installer Information:  |
| County 6. Leage Unincorporated Area Obr N City Herage Zip Code 78631 Additional Information Suggest # 230 Abostons # 230   | Name: Paul Zussaneister (Ms Inc. Address: HC/3   Bay 530   State: Ty Zip Code: 18/23   Phone: Salaus 74Fax:   |
| Schematic of   | Lot or Tract  |
| Show: Compass North, odjacent streets, property lines, property swimming pouls, water lines, and other structures waterion of existing or proposed water wells within 16 Indicate slope or provide contour lines from the struct absorption or irrigation area.  Location of soil borings or dug pits (show location with Location of natural, constructed, or proposed drainage water bodies) water imponudment areas, cut or fill to | o feet of property.  ore to the farthest location of the proposed soil  respect to a known reference point).  ways, (streams, ponds, lakes, rivers, high tide of salt |
| Lot Size: acres  |   |
| Compassy Site Dr. Scale: 1 inch  | awing<br>n= 50 feet   |
|  |   |
|  | Kay C   |
| Test Hole #2   | 54'   |
| PROPERTY   | line 190 Stope  |
| Public WATER Supply  |   |
| Features o   | of Site Area  |
| Presence of 100 year flood zone Presence of upper water shed Presence of adjacent ponds, streams, water impound Existing or proposed water well in nearby area Organized sewage service available to lot or tract  | Yes No   |
| Site Evaluator 17 Z rease \$ To Signature 1  | 2052 Literase No> 5020  |

The second secon

## APPLICATION FOR PRIVATE SEVAGE SYSTEM CONSTRUCTION PERBIT AND LICENSE

| DATE 7-19-9 PERSIT NO. 3533 FEE 150 %   |
|---|
| i, hereby make an application for a license to construct and operate a private sounce disposal system in Gillespie County, Texas.   |
| OWNER Michael + Pancels Landung PHONE NO. 1800-964-47169  |
| NATURE ADDRESS HIS TOTAL TO THE THE TRANSPORT AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE PROPERTY AND |
| HOUSE NO. AND STREET ADDRESS WEST CIC KON SUBDIVISION, DESCRIBED LOCATION OR ATTACH ATTACH ATTACH AND LOCK LOT WEST   |
| House (V-) Mobile Home ( ) Other  |
| Conservate: (Type of Business) Living Area (//20) Budrooms (3.) Bathrooms (2.) Disposa) (/) Wathro Hachine (/) Dishwaher (/) Water Softner (/) Other Water Supply By: Public System (/) Community (/) Individual (/)  |
| DATE 7-19 - 143 INSPECTOR-SANITARIAN  |
| Authorization is hereby given to the Private Sewago Facility, dillaspie downsy. Texas, Texas Department of Water Resources, the Texas State Separtment of Health Revources, or their agents or designess, singly or jointly, to enter upon the above described property for the purpose of making soil percolation tests, inspecting sewage systems, or for any remain consistent with the water quality program of the Texas Department of Water Resources, the Texas State Department of Water Sewage Facility, Gillospie County, Texas.  |
| (if algoed by Denor, Authorized Agent, Contractor, provide name, address and  |
| phone ()  |
| DATE 7/19/99 Signature of Swher or Authorized Agent   |
| Authorization to proceed with construction will be provided after a joint flowner or installer and inspector for the Private Serage Pacifity, Gillespic County, Terms survey of the proposed site for the facility and samples of percolation test data) if Required)   |
| THIS PERMIT TO CONSTRUCT IS VALID FOR 180 DAYS. <u>QEFICIAL URE DALY</u>  |
| SITE INSPECTION OR PERCOLATION TEST   |
| DATE PERMIT NO. FEE  TYPE BOIL - Rocky ( ) Grave! ( ) Eand ( ) Other  SLOTE - Flat ( ) Sloping ( ) Other  PERCOLATION THEST RESULTS INCHES FALL/20 MINUTES  HOLES (2) (2) (3) PERC. TEST AVERAGE  |
| NATE INSPECTOR-SANITARIAN   |
| 180 get /day = 144 lines 4.2  |
| 144 x 8 = 1/5 ? - 675 - 10 43 Damb on 19 parts 21   |
| I or see consider 18 months in the  |
| 2 2   |
| Free Trans  |
| 1 64  |
|   |
| 30 p.   |

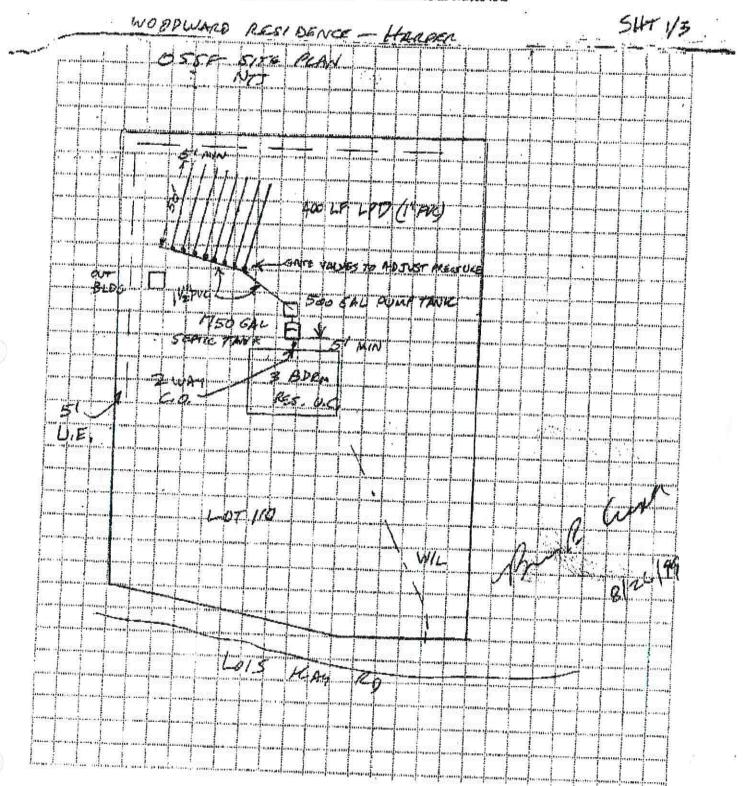


## BRUCE P. CEREPAKA, P.E.



# BPC+ SONS ENGINEERING

P.C. BOX 269 VOICE MAIL 800/339-7060 CHERCKDE, TEXAS 76832 AUSTIN MOBILE 312/658-1845



27.5 SEPTIC TANKE PRECISE CONCRETE, 2 COMPARTMENT, 750 GALDH TANK (ASSAN, C. (1277-1974) Doshie volume: 9.2: CM, + 5 · l./4 = 9/ 2 cm, calcient spathe for that control excends a second define a social plane divising  $g_1 g_2 g_2 = \frac{9.2}{3.5}$ . Cut PUNDOS TANT TO MENTAN 80 CALLONS CIPTATI ABOVE ALMIA— 274 COLS PROVINS Q = 240 CM Las JUST # 13475 2.0 - 14 (h15) 622-4691 MIKE WOONDARD RESIDENCE - HARPER A= 240% Az= 1,200 \$ 180= 1,20% 5=4006 CUTET PIPE FROM PUMPING TANK TO PRESSURE DOSE FRELIG<sup>12</sup> Pro (SCH. 40) STORME, VOLUME HOUSE, 1" PACK ALL GALTSO, R. - 16,4 GAL FRICTION HEND: 5.2 x | 4004. MANNEOUD | PMC) x 2.8 / 100 11. ≤ 9. 11. SEPTIC TANK FITTINGS AND BUILDING SENER RIPES: 4" PAC (SC. 40) SCHESS PIPE PALL THUN BLEICHG TO SEPIEC WHIK. 1/" PER FT. BRUCE P. CEREPAKA, RE NO WATER SPELS WITHIN 1.3 PL NO FLOCK PLAN ON LOT. STSTEN SIZED FUR IS REPLAN COST PREPAGA POBON 263 CHEROME; TX CURLET OF SEPTIC THANK TO PUBLING DANCE /8" PER FT. BEWARDS HENDES & FOTAL HOND - 10 FC PROMOSE & PERE RUMS AT SOLE., CYCO. LF 14P TRINGE OSSF PRESSURE HEAD ON TOP PIPE = 2 R. MOTES & CAICLATORS NO CUTS OR FILLS ONER 4 FT. EXERTING EXCENSING AS SHOWN 56 /m/6 36 CHECK YRUNE CREPTED THEFT IS IN RISER TO SURFACE TANKS BURIEB REQUIEM IF \* \* WEYE CEUF ON CATE PLAIP-ON FLOATRON FLONT CONTROL 500 CALCH PLAPING TOWN DEIM - WSPECTION FOR PREDAST CONCRETED 714625 > 70 13: of Egen PETLIENT PUMP UNDERGROUND CONDUIT TO SERVICE (LOCATE ALCIO) VISUAL ALARM IN CONSPICIOUS LOCATION) まれる PARENTALE W/110V SP-CIRCUITS CONTROLS MAY BE SUBSTRUTED FOR FLOAT CONTROLS 5 CONCRETE BLOCKS H

FINAL INSPECTION

| 773  |
|--|
| DATE 9/3/99 PERMIT NO. 3533 FEE 150                      |
| MANUFACTURER BUCKENER SEPTEC TAME                        |
| MANUFACTURER DUCKPER                                     |
| TANK #1 SN# 8/399/ TANK #2 SN#                           |
| SIZE TANK #1 25 GALS. TANK #2 GALS. TYPE CONCERN         |
| WITH TANK AT ( / A)/ I SMLID - ASSOCIATION               |
| ABSORPTION TRENCH ( ) LENGTH 400 WIDTH 3                 |
| LPP () SQUARE FEET 1200_50 F7.                           |
| ABSORPTION BED AREA                                      |
| DELIGENCE ( )  |
| Connection .   |
| INSTALLER OR CONTRACTOR TAUL CINSMETSTEE                 |
| ADDRESS HC 63 Box 538 HAPPER Tx - 78631 PHONE # 864-4574 |
| - C - 81 /14   |
| DATE 9/3/99 FINAL INSPECTION HADE BY DOTE ALL AND        |
| STEP TANK AND PIPES ARE INSTALLED, BUT HOT COVERED       |
| MAKE A SKETCH OF SYSTEM                                  |
| SE DESIGN (NOT TO SCALE)                                 |
| The American   |

29.10 50 H.