



TEXAS ASSOCIATION OF REALTORS®

INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT 57 CR 3369
Saltillo, TX 75478

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: Northeast from the ☐ Unknown
home
- (4) Installer: E-Tex Services & Supply Company ☐ Unknown
- (5) Approximate Age: 4 months ☐ 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: Mark Lawrence
Phone: _____ contract expiration date: 10/26/2014
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 MM YM

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57 CR 3369

Information about On-Site Sewer Facility concerning _____

Saltillo, TX 75478

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

Alonso Mata

11-11-12

Date



Signature of Seller

Yesenia Mata

11-11-12

Date

Receipt acknowledged by:

Signature of Buyer

Date

Signature of Buyer

Date

HOPKINS COUNTY ENVIRONMENTAL QUALITY

411 College Street, Sulphur Springs, TX 75482

Office (903) 438-4118 Fax (903) 438-4106

E-Mail inspector@hopkinscountytexas.org

This is to certify that the installer that is installing my On-Site Sewage Facility has complied with provisions of 30 TAC, Chapter 285, Section 285.39 titled On-Site Sewage Facility Maintenance and Management Practices that states:

- (a) *"An installer shall provide the owner of an on-site sewage facility with written information regarding maintenance and management practices and water conservation measures related to the OSSF installed, repaired, or maintained by the installer."*
- (b) *"Owners shall have the treatment tanks pumped on a regular basis in order to prevent sludge accumulation from spilling over to the next tank or the outlet device. Owners of treatment tanks shall engage only persons registered with the executive director to transport the treatment tank contents."*
- (c) *"Owners shall not allow driveways, storage building, or other structures to be constructed over the treatment or disposal systems."*

**THE INFORMATION ABOVE HAS BEEN PROVIDED TO ME
ACCORDING TO SECTION 285.39 (a)-(c).**



(Signature of System Owner)

AFFIDAVIT

THE COUNTY OF Hopkins
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of Hopkins County Texas.

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ or the Permitting Authority of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ or the Permitting Authority that the appropriate OSSF was installed.

II.

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property described as (insert legal description):

Lot _____, Block _____, Subdivision _____, Unit # _____
Acreage _____, Survey Name _____, Abstract _____, Deed Volume _____, Page _____
Tract _____, Section _____, GEO Number: _____

The property is owned by (insert owner's full name): _____

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company, and a signed maintenance contract must be submitted to the Permitting Authority within 30 days after the property has been transferred.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Permitting Authority.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, _____.

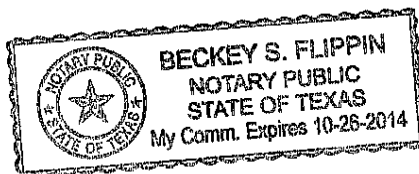
[Signature]
(Owner signature(s))

(Owner(s) signature(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 29th DAY OF June, 2012.

[Signature]
Notary Public, State of Texas

Beckys Flippin
Notary's Printed Name



10/26/2014
My Commission Expires:

**On-Site Sewage Facility Maintenance
Initial Warranty Contract**

Installation Location: _____
System Owner: _____ Installation Co.: E-Tex Services
Permitting Authority: _____
Installation Date: _____

INITIAL POLICY

This policy is included in the original purchase price and shall provide Inspection/Service Call once every four months for a 2 year period from the date that a final permit is issued by the permitting authority. If no chlorine is found in the chlorinator, chlorine shall be added to obtain a residual at owner's expense. If any improper operation is observed which cannot be corrected at that time, the user shall be notified immediately in writing of the condition and the estimated date of correction and cost, if applicable. The following items shall be checked at time of each site visit:

1. Aerator(s)
2. Surface application pump(s), if applicable or disposal field pumps
3. Recirculation pump(s), if applicable
4. Disinfection device, if applicable
5. Chlorine supply and residual in pump line, if applicable. (Chlorine test.)
6. Electrical circuits
7. Distribution system
8. Filter(s), if applicable
9. Spray field (or disposal field, if other) vegetation/seeding
10. Settled sludge depth in the pretreatment and aerobic tanks

On non-single family residences only, an annual BOD and TSS sample shall be collected and analyzed and results submitted with system maintenance report.

If required, list type of non-single family: NA

Any call or request for service outside the routine service provided under this contract will be responded to within 48 hours and if the problem encountered is not covered under warranty of product or workmanship, there will be a service charge of \$90.00 per hour with the minimum of one (1) hour per call. All additional charges shall be authorized by the owner.

VIOLATIONS OF WARRANTY include shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above it's rated capacity, or introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse may void warranty of system components.

Chlorine supply for the chlorinator is to be maintained by HOMEOWNER.

THIS POLICY DOES NOT INCLUDE PUMPING SLUDGE FROM UNIT IF NECESSARY

Texas Commission on Environmental Quality Rules require a service policy to be in effect at all times for this system. I agree to abide by the service policy stated above:

Service Company Name: **E-Tex Services** Service Company Address: **5421 HWY 271S. Pittsburg, TX 75686**
Service Company Phone Number: **903-856-7887**
Service Company Employee Certified by the Manufacturer: **TODD BUSCH**

License Type and License No. **OS6499II** Maintenance License: **MC0000138**

*Accepted by: [Signature] Date: 6-29-12
(Owner)

Accepted by: _____ Date: _____
(Service Company Representative)



MAP OR DETAILED DIRECTIONS FOR
JOB

**ALL PERMIT FEES ARE
NON-REFUNDABLE
ONE PERMIT PER SYSTEM**

On-Site Sewage Facilities Permit Application

Permit Number _____

Date _____

Amount Paid _____

Receipt # _____

Authorized Agent: _____

* Property Owners Name: _____
(Last) (First) (Middle) DL# State

* Mailing Address: _____
(# & Street Name (or) P.O. Box # & Route # & Box #) (City) (Zip)

* Telephone Number: _____
(Home) and (Work) and/or (Other)

* Site Address: _____
(Address Required) (# & Street Name (or) P.O. Box # & Route # & Box #) (City) (Zip)

Lot _____, Block _____, Subdivision _____, Unit # _____

Acreage _____, Survey Name _____, Abstract _____, Deed Volume _____, Page _____

Tract _____, Section _____, GEO Number: _____

Water Usage Rate "Q" (gallons per day): _____ Water saving devices: ☐ Yes ☐ No

Source of Water: ☐ Private Well ☐ Public Water Supply - Name: _____

☐ Single Family Residence: Number of Bedrooms _____ Square Footage Living Area _____

☐ Commercial/Institutional/Multi-Family: Type: _____

Name of Business: _____

No. of Employees/Occupants/Units: _____ Days Occupied Per Week: _____

Site Evaluator: _____ Registration Number & Type: _____

Designer: _____ Registration Number & Type: _____

Address: _____ Telephone: _____

Installer: TODD BUSCH Registration Number & Type: OS 6499

Address: 5421 HWY 271 S. PITTSBURG, TX 75686 Telephone: 903-856-7887

(Street, P.O. Box, or Route/City/Zip)

I hereby certify that under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that the information is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation or falsification may result in denial of my application. Authorization is hereby granted for the Permitting Authority to enter the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and related activities. A permit to operate the facility will be granted following a successful inspection of the system.

* [Signature]
(Signature of Owner)

* 6-29-12
(Date)

(ATC) AUTHORIZATION TO CONSTRUCT GRANTED BY: _____

LICENSE NO.: _____ DATE: _____

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (ATC) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS "AUTHORIZATION TO CONSTRUCT", BASED ON PLANNING MATERIALS RECEIVED BY THIS DATE.

(AO) INSPECTED AND APPROVAL TO OPERATE GRANTED BY: _____

LICENSE NO.: _____ DATE: _____

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (AO) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS "NOTICE OF APPROVAL TO OPERATE", BASED ON FINAL SYSTEM INSPECTION, TO INCLUDE ANY APPROVED CHANGES OR MODIFICATIONS MADE AFTER RELEASE OF AUTHORIZATION TO CONSTRUCT.