



# WASHINGTON COUNTY, TEXAS SAMUEL MILLER SURVEY

A - 86

Scale 1" = 200'  
July 10, 2001



Property Owner:  
Hal R. Andersen  
Property Address:  
12200 Hwy 290 E  
Chappell Hill, Tx 77426

U.S. HIGHWAY 290

Total of  
approx 30 acres  
35.482 Acres  
(As Surveyed by William W. Reue)  
(on May 26, 1998)

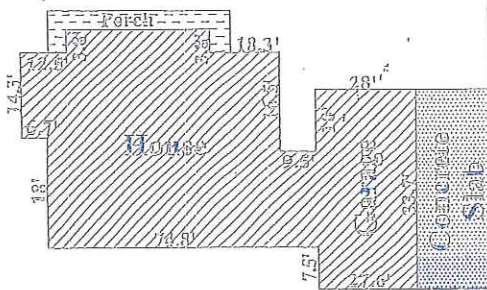
## Survey Notes

- 1) All bearings and distances are based on a survey plat made by William W. Reue on May 26, 1998, containing 35.482 acres.
- 2) According to the Flood Hazard Boundary Map compiled by the U.S. Department of Housing and Urban Development F.J.A. Community Panel No. 481188 0010 A Washington County, Texas dated May 24, 1977, it appears that a portion of said tract may be in the Special Flood Hazard Area.
- 3) This plat is intended only to show the house and building locations that are situated on this 35.482 acre tract, and the undersigned surveyor is not responsible for any loss resulting from the unintended use of this plat.

Florence George  
22.306 Acres  
Vol. 554, Pg. 762  
Official Records

John R. Barnes  
25.118 Acres  
Vol. 895, Pg. 586  
Official Records

## House Insert (Not To Scale)



House  
(See Insert)

Utility Bldg.

Pool

Pool House

OLD R.R.  
R.O.W.

Gerald L. Rogers et ux  
Vol. 742, Pg. 452  
Official Records

Gertrude K. Zawacki  
21.46 Acres  
Vol. 765, Pg. 162  
Official Records

## LEGEND

- 1/2" Iron Rod Set
- 1/2" Iron Rod Found
- ⊕ Metal Post Fence Set in Concrete
- Overhead Powerline
- ⊙ Power Pole
- Fenceline

## Curve Data

Curve	Delta Angle	Radius	Arc	Tangent	Chord	Chord Bearing
1	15°56'07"	1870.09	520.07	261.72	518.40	N 89°17'79"W



# 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 12200 HWY 290 E  
Chappell Hill, TX 77426

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?  
☐ 1 month 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
Cable TV Wiring		<input checked="" type="checkbox"/>	
Carbon Monoxide Det.		<input checked="" type="checkbox"/>	
Ceiling Fans	<input checked="" type="checkbox"/>		
Cooktop	<input checked="" type="checkbox"/>		
Dishwasher	<input checked="" type="checkbox"/>		
Disposal	<input checked="" type="checkbox"/>		
Emergency Escape Ladder(s)			
Exhaust Fans	<input checked="" type="checkbox"/>		
Fences	<input checked="" type="checkbox"/>		
Fire Detection Equip.	<input checked="" type="checkbox"/>		
French Drain	<input checked="" type="checkbox"/>		
Gas Fixtures		<input checked="" type="checkbox"/>	

Item	Y	N	U
Gas Lines (Nat/LP)		<input checked="" type="checkbox"/>	
Hot Tub	<input checked="" type="checkbox"/>		
Intercom System		<input checked="" type="checkbox"/>	
Microwave	<input checked="" type="checkbox"/>		
Outdoor Grill		<input checked="" type="checkbox"/>	
Patio/Decking	<input checked="" type="checkbox"/>		
Plumbing System		<input checked="" type="checkbox"/>	
Pool	<input checked="" type="checkbox"/>		
Pool Equipment	<input checked="" type="checkbox"/>		
Pool Maint. Accessories	<input checked="" type="checkbox"/>		
Pool Heater	<input checked="" type="checkbox"/>		
Public Sewer System		<input checked="" type="checkbox"/>	

Item	Y	N	U
Pump: <input checked="" type="checkbox"/> sump <input type="checkbox"/> grinder	<input checked="" type="checkbox"/>		
Rain Gutters	<input checked="" type="checkbox"/>		
Range/Stove	<input checked="" type="checkbox"/>		
Roof/Attic Vents	<input checked="" type="checkbox"/>		
Sauna		<input checked="" type="checkbox"/>	
Smoke Detector	<input checked="" type="checkbox"/>		
Smoke Detector – Hearing Impaired		<input checked="" type="checkbox"/>	
Spa	<input checked="" type="checkbox"/>		
Trash Compactor		<input checked="" type="checkbox"/>	
TV Antenna	<input checked="" type="checkbox"/>		
Washer/Dryer Hookup	<input checked="" type="checkbox"/>		
Window Screens	<input checked="" type="checkbox"/>		

Item	Y	N	U	Additional Information
Central A/C	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>2</u>
Evaporative Coolers		<input checked="" type="checkbox"/>		number of units: _____
Wall/Window AC Units		<input checked="" type="checkbox"/>		number of units: _____
Attic Fan(s)		<input checked="" type="checkbox"/>		if yes, describe: _____
Central Heat	<input checked="" type="checkbox"/>			<input type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>2</u>
Other Heat				if yes, describe: _____
Oven	<input checked="" type="checkbox"/>			number of ovens: <u>2</u> <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____
Fireplace & Chimney	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> wood <input checked="" type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: <u>4</u>
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: <u>2</u> number of remotes: <u>4</u>
Satellite Dish & Controls	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from _____
Security System		<input checked="" type="checkbox"/>		<input type="checkbox"/> owned <input type="checkbox"/> leased from <u>0</u>
Water Heater	<input checked="" type="checkbox"/>			<input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____ number of units: _____
Water Softener	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from _____
Underground Lawn Sprinkler	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> automatic <input type="checkbox"/> manual areas covered: <u>all yard &amp; beds</u>
Septic / On-Site Sewer Facility	<input checked="" type="checkbox"/>			if yes, attach Information About On-Site Sewer Facility (TAR-1407)

(TAR-1406) 1-01-10

Initialed by: Seller: [Signature] and Buyer: \_\_\_\_\_

Page 1 of 5



12200 HWY 290 E  
Chappell Hill, TX 77426

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: Comp Age: 12 (approximate)

Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)?

☐ yes ☒ no ☐ unknown

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

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

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

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

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

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

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

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

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

(TAR-1406) 1-01-10

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

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

Chappell Hill, TX 77426

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

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

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

Y N

- ☐ ☒ Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building codes in effect at the time.
- ☐ ☒ Homeowners' associations or maintenance fees or assessments. If yes, complete the following:  
 Name of association: \_\_\_\_\_  
 Manager's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 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.
- ☐ ☒ Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:  
 Any optional user fees for common facilities charged? ☐ yes ☐ no If yes, describe: \_\_\_\_\_
- ☐ ☒ Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.
- ☐ ☒ Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)
- ☐ ☒ Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.
- ☐ ☒ Any condition on the Property which materially affects the health or safety of an individual.
- ☐ ☒ Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold.  
 If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).

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



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

12200 HWY 290 E  
Chappell Hill, TX 77426

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:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Homestead           | <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> Disabled         |
| <input type="checkbox"/> Wildlife Management | <input type="checkbox"/> Agricultural   | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Other: _____        |   | <input type="checkbox"/> Unknown          |

Section 9. 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 10. Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code?\* ☐ unknown ☐ no ☐ yes. If no or unknown, explain. (Attach additional sheets if necessary): \_\_\_\_\_

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

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

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

Signature of Seller	Date	Signature of Seller	Date
Printed Name: <u>Dr. H. R. Andersen</u>		Printed Name: _____	

(TAR-1406) 1-01-10 Initialed by: Seller: [Signature] and Buyer: \_\_\_\_\_, \_\_\_\_\_ Page 4 of 5

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

12200 HWY 290 E  
Chappell Hill, TX 77426

**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: <u>Bluebonnet</u>	phone #: _____
Sewer: <u>septic</u>	phone #: _____
Water: <u>well</u>	phone #: _____
Cable: <u>Dish - Direct</u>	phone #: _____
Trash: <u>NO</u>	phone #: _____
Natural Gas: _____	phone #: _____
Phone Company: <u>ATT</u>	phone #: _____
Propane: <u>Fayette Co Propane</u>	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.  
©Texas Association of REALTORS®, Inc., 2004

CONCERNING THE PROPERTY AT

12200 HWY 290 E  
Chappell Hill, TX 77426

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: \_\_\_\_\_ ☐ Unknown  
\_\_\_\_\_  
See attached  
\_\_\_\_\_
- (4) Installer: \_\_\_\_\_ ☐ 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: \_\_\_\_\_  
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.

(TAR-1407) 1-7-04

Initialed for Identification by Buyer \_\_\_\_\_, \_\_\_\_\_ and Seller  \_\_\_\_\_ Page 1 of 2

Coldwell Bankers Properties unlimited 2402 South Day St. Brenham, TX 77833

Phone: 979.836.0011 117

Fax: 979.836.6046

Lindi Braddock

Produced with ZipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 [www.zipLogix.com](http://www.zipLogix.com)

12200 HWY 290 E



- 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  
Dr. H. R. Andersen

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Seller

4/13/11  
\_\_\_\_\_  
Date

Receipt acknowledged by:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# WASHINGTON COUNTY ENVIRONMENTAL DEPARTMENT

100 E. Main Street, Brenham, Texas 77833 (409) 277-6290 Fax # (409) 277-6291  
Protecting Washington County by Recycling and Preventing Pollution

## NOTICE OF APPROVAL OF ON-SITE SEWERAGE FACILITY

NO. 5157

Property Owner Dr. H. R. Anderson  
Mailing Address 601-D Medical Parkway  
City Brenham, Tx 77833  
Property Location 12200 Hwy 290 E  
City Chappell Hill 77426

Washington County, Texas

This serves to notify all persons that the on-site sewerage facility owned by the above has satisfied design, construction, and installation requirements of the Washington County Environmental Department. The Washington County On-Site Sewerage Facility Permit has been issued for the operation of the above identified on-site sewerage facility.

ANY MODIFICATIONS TO THE STRUCTURE, SYSTEM COMPONENTS, OR CHANGES OF OWNERSHIP MAY REQUIRE A NEW PERMIT. The owner must notify this office of the aforementioned changes.

ADDITIONAL INFORMATION: Alain Flaszewski finished the job  
with my final inspection. Sorry Chris quit.

Webster Hunt  
Inspector for Washington County, D R

11-18-99  
Date

approval



# WASHINGTON COUNTY HEALTH & SANITATION DEPARTMENT

100 E. Main Street, Brenham, Texas 77833 (409) 277-6290 Fax # (409) 277-6291

## ON-SITE SEWAGE FACILITY INSPECTION REPORT

FOR STANDARD SYSTEMS & E.T. BEDS

(Over 10 Acres)

Property Owner H. R. Anderson

Application # 5157

Owners Telephone # ( )

Installer Chris Anderson (502)

Description of Structure 4 BR Home

Installer Telephone # ( )

### 1. Sewer

Does job require permit

Y ☐ N ☒

Proper type/size of pipe from structure to disposal system

☒ ☐

Type of pipe (perforated) D2727 Type of pipe (solid) SPR35 Tanks marked

☒ ☐

Clean out properly located (one for each 50' home side)

☒ ☐

Hand hole lids sealed

☒ ☐

Tank and pipe holes sealed

☒ ☐

Slope from tank to field lines 12" drop (minimum)

☒ ☐

1/8" by 1' slope from house to tank

☒ ☐

Field lines level

☒ ☐

Field lines within 5' of property lines

☒ ☐

As-built drawing w/the point where solid pipe meets perforated pipe triangularly located

☒ ☐

360° of field line

Manholes within 12" of surface

☒ ☐

Is sand on job site

☒ ☐

Is gravel 2" - 3/4" washed

Red done by Alan

☒ ☐

Is geothermal cloth properly in place

Black done by Chris

☒ ☐

15' easement of electric high lines

☒ ☐

3" drop from inlet to outlet in tanks

☒ ☐

Lines within 100' of any water well

☒ ☐

Tanks within 50' of any water well

☒ ☐

Field lines within 75' of waterway

☒ ☐

Homeowner was given instructions on how to use system

☐ ☐

Deficiencies noted 1st inspection 10-28 lots of correction

D.R. Inspector Robert Hunt

Date 11-18-97 2"

stand.rep

WASHINGTON COUNTY HEALTH/SANITATION DEPARTMENT

100 E. Main Street, Brenham, Texas 77833 (409)277-6290 Fax# (409) 277-6291

APPLICATION  
FOR  
ON-SITE SEWERAGE FACILITY  
EVALUATION FOR OVER 10 ACRES

pd CK1187  
10-12-99  
SD

Property Owners Name: Dr. H. R. R. ANDERSEN Application No. 5157  
Permanent Mailing Address: 601-D MEDICAL PARKWAY, BRENNHAM, TX 77833  
Day Time Telephone #: <sup>409</sup> ( ) 836-1111 Work Telephone # ( ) SAME  
Site Address: (County Rd Name) 12200 HWY 290E  
Property Description: Lot \_\_\_\_\_ Size \_\_\_\_\_ Block \_\_\_\_\_ Sec \_\_\_\_\_  
and/or Legal Description (attached) Subdivision: \_\_\_\_\_  
Other than Subdivision: Acreage 35.462 Survey SAMUEL MILLER  
Water Source: ☒ Private Well \_\_\_\_\_ Public Water Supplier \_\_\_\_\_

TYPE OF DEVELOPMENT

House ☒ Mobile Home \_\_\_\_\_ No. of Bedrooms 4 Living Area (sq.ft.) 4000  
Commercial / Institutional (including multi-family residences) Type SINGLE FAMILY RESIDENCE  
No. of Employees Occupants / Units (circle one): 1 Days occupied per week \_\_\_\_\_  
Estimated Maximum Daily Water Consumption(gpd) (water bill): \_\_\_\_\_  
Any Organized Sewage Collection within 300 feet: ☐ YES ☒ NO  
Site Evaluator: BILL HEGAR Registration No: \_\_\_\_\_  
Phone No: <sup>409</sup> ( ) 836-9706  
Designer: \_\_\_\_\_ License No: \_\_\_\_\_  
Phone No: ( ) \_\_\_\_\_  
Installer: \_\_\_\_\_ Registration No: \_\_\_\_\_  
Phone No: ( ) \_\_\_\_\_

Owner hereby authorizes the WASHINGTON COUNTY HEALTH/SANITATION INSPECTOR, TNRCC and Texas Department of Health, their agents and designees, singly or jointly, to enter upon the described property for the purpose of making soil/site evaluation tests, inspecting the private sewage facility or performing other activities consistent with the water quality programs of WASHINGTON COUNTY, TNRCC, or Texas Department of Health.

Signature of Owner

Date

10/12/99

ov10.ac



**WASHINGTON COUNTY ENVIRONMENTAL DEPARTMENT**  
100 E. Main Street, Brenham, Texas 77833 (409) 277-6290 Fax # (409) 277-6291

**SOIL EVALUATION REPORT INFORMATION**

Owner: Dr. Hal Anderson

Site Address: 12200 Hwy 290 EAST  
CHAPPELL HILL TX. 77426

Structure to be served:

Single family residence 4 Bedrooms

Commercial Only: Type of business \_\_\_\_\_

Number of people \_\_\_\_\_

Number of public restrooms \_\_\_\_\_

Water well - Name of Drill Company \_\_\_\_\_ Phone # \_\_\_\_\_

**Requirements:**

At least two soil excavations must be performed on site, at opposite ends of the proposed disposal area. Locations of soil boring or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

Soil Boring Number 1 \_\_\_\_\_

Depth (feet)	Texture Class	Soil Texture	Structure (for Class III-blocky, platy, massive)	Drainage (mottles/ water table)	Restrictive Horizon	Observation
0 -	IB	LOAMY SAND		NA	NA	Good
1 -						
2 -						
3 -	III	SANDY CLAY	BLOCKY	NA	NA	Good
4 -						
5 -						

Soil Boring Number 2 \_\_\_\_\_

Depth (feet)	Texture Class	Soil Texture	Structure (for Class III-blocky, platy or massive)	Drainage (mottles/ water table)	Restrictive Horizon	Observation
0 -	IB	LOAMY SAND		NA	NA	Good
1 -						
2 -						
3 -	III	SANDY CLAY	BLOCKY	NA	NA	Good
4 -						
5 -						

I certify that the findings of this report are based on my field observations and accurate to the best of my ability. This site is suitable for a conventional system X, low-pressure dosage system \_\_\_\_\_, aerobic /sprinkler system \_\_\_\_\_, other \_\_\_\_\_.

Bill Hegar  
Signature of Site Evaluator

10-07-99  
Date

eval.rep

ON-SITE SEWER SYSTEM - SITE EVALUATION

DATE: 10-07-99

Applicant Information:

Name: DR. HAL ANDERSON  
Address: 10010 MEDICAL PARKWAY - BRENNHAM  
Zip Code: 77833 Phone: 309-836-1111

Property Location Information:

Street/Road Address: 12200 HWY 290 EAST  
City: CHAPPEL HILL Zip Code: 77426  
Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Acres: 10.5 100 year flood zone Y ☐ N ☒  
Community Water Y ☐ N ☒ Water Well Y ☐ N ☒  
Pond, stream or water improvements Y ☐ N ☒

SITE EVALUATION #: 5150

Site Evaluator Information:

Name: BILL HEGAR License #: NA  
Company: \_\_\_\_\_ Phone: 836-9706  
Address: 401 WAHLS LEGION RD City: BRENNHAM Zip: 77833

Installer Information:

Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Schematic of Lot or Tract

Show:

Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and other surface improvements where known (drainage, patios, sidewalks).

Location of existing or proposed water wells (including neighbors) within 100 feet of property.

Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil absorption or irrigation area.

Location of soil borings or dug pits (show location with respect to a known reference point).

Location of natural, constructed, or proposed drainage ways, (streams, ponds, lakes, rivers, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks.

Slope: Flat under 2% \_\_\_\_\_ (show site drainage) Slight under 5% ☒

Severe over 5% \_\_\_\_\_ (Show Contours)

