



INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT 4845 FM 3158
Dale, TX 78616-2979

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

- (1) Type of Treatment System: ☐ Septic Tank ☒ Aerobic Treatment ☐ Unknown
- (2) Type of Distribution System: 2 sprayers ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: Approx 80ft from SE corner of house ☐ Unknown
- (4) Installer: Forest Nevill ☐ Unknown
- (5) Approximate Age: 21 ☐ 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: David Johnson
Phone: 512 243 1190 contract expiration date: May 2022
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? 12/1/21
- (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) 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.

Jean E. Amsden 2/7/22
Signature of Seller Date
Jean E. Amsden

Signature of Seller Date

Receipt acknowledged by:

Signature of Buyer Date

Signature of Buyer Date



TREATMENT SYSTEM INITIAL SERVICE POLICY

HOOT Aerobic Systems, Inc.

2885 Highway 14 East Lake Charles, Louisiana 70607
(337) 474-2804 phone (337) 477-7904 fax

Our Company Forrest Nevill will operate and maintain the Hoot Aerobic System located at FM 4845 CR 3158 McMahon TV, (legal description only) Permit # _____, for the period of 2 years beginning 10/26/01 and ending 10/26/03.

This contract will provide for all required inspections, testing and service of your HOOT Aerobic Treatment System. The policy will include the following:

- 3 inspections a year/service calls (at least one every 4 months), for a total of 7 over the two-year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting the control panel, air pumps, air filters, diffuser operation, and replacing or repairing any component not found to be functioning correctly.
- An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.
- If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
- The Homeowner is responsible for maintaining a chlorine residual of at least 1mg/L in the treatment system. This can be accomplished by using chlorine tablets designed for wastewater use, NOT SWIMMING POOL TABLETS. Upon visit, if the system needs chlorine tablets the service provider will add them and charge the customer. If the customer fails in their responsibility to add the chlorine tablets, they are in violation of law and appropriate action will be taken. Initials of Installer FP Initials of Homeowner BSA/DEA
- Any additional visits, inspections or sample collections required by specific Municipalities, Water/River Authorities, County Agencies the TNRCC or any other regulatory agency in your jurisdiction will be covered by this policy.

At the conclusion of the initial service policy, the Service Provider will make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection, maintenance and repair. According to state law, all owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system.

With 48 hours of a request for service (weekends and holidays excluded), your system will be visited by the service provider listed below or their authorized agent. If there are any items which need correction and can not be immediately remedied, the service provider will inform the home owner, in writing, of the conditions and the estimated repair date.

The HOOT Homeowners Manual must be strictly followed or warranties are subject to invalidation. Pumping of sludge build-up, for reasons other than due to warranted mechanical failure, are not covered by this policy and will result in additional charges. By signing this form, both Installer and Homeowner agree to the terms of this policy. By signing this form, both the Installer and the Homeowner agree that the Homeowner has received a copy of the Homeowners Manual and the Installer has made a reasonable effort to explain all pertinent information to the Homeowner.

HOOT is not responsible for service, it is the SERVICE PROVIDER indicated below.

HOME OWNER

Name Bobby Jo & Dean Arnsden
Address FM 4845 CR 3158 McMahon TV
City _____
Phone _____
Signature of Home Owner Bobby Jo Arnsden

SERVICE PROVIDER

Name of Service Company Representative Forrest Nevill
Address 123 Sylamore
City Wilkins TX 78648
Phone 830 875 2877 875 4555
Signature of Service Provider and License #. Forrest Nevill

THIS BOX MUST BE COMPLETED BY THE SERVICE PROVIDER

HOOT Model # 500AL Blower/Panel Serial # 10230 HOOT Mold # 400N500 150