



SELLER'S DISCLOSURE NOTICE

TO BE COMPLETED BY SELLER(S)

CONCERNING THE PROPERTY AT

233 Pvt Rd 8303

Ben Wheeler

(STREET ADDRESS AND CITY)

Van Zandt

COUNTY

NOTE: Effective January 1, 1994, Section 5.008 of the Texas Property Code (the "Code") requires a seller of residential real property of not more than one dwelling unit to deliver a copy of the Seller's Disclosure Notice, completed to the best of the seller's belief and knowledge, to a purchaser on or before the effective date of a contract for the sale of the Property. If a contract is entered into without the seller providing the notice, the buyer may terminate the contract for any reason within seven (7) days after receiving the notice. If information required by the notice is unknown to the seller, the seller may indicate that fact on the notice and thereby comply with the requirements of Section 5.008 of the Code. **This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.**

THIS STATEMENT IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE OF THE SELLER'S SIGNATURE INDICATED BELOW. THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR LISTING BROKER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER(S) MAY WISH TO OBTAIN. A BUYER IS URGED TO OBTAIN AN INSPECTION OF THE PROPERTY BY A QUALIFIED, LICENSED INSPECTOR. THE FOLLOWING STATEMENTS ARE REPRESENTATIONS MADE BY THE SELLER(S) BASED UPON SELLER'S KNOWLEDGE AND ARE NOT REPRESENTATIONS OF THE LISTING BROKER OR ANY OTHER BROKER PARTICIPATING IN A SALE TRANSACTION. THE METROTEX ASSOCIATION OF REALTORS®, INC., THE GREATER METRO MULTIPLE LISTING SERVICE OR ANY MULTIPLE LISTING SERVICE, AND THE LISTING BROKER HAVE RELIED UPON THE FOLLOWING INFORMATION IN DISSEMINATING INFORMATION ABOUT THE CONDITION OF THE PROPERTY.

GENERAL INFORMATION

1. The Property is currently:

- ☒ Owner occupied ☐ Estate
☐ Leased ☐ Foreclosure
☐ Vacant since _____

- If owner occupied, for _____ years
 - If not owner occupied, for _____ years
 - If leased: Origination Date _____
 Expiration Date _____

2. Seller is the current owner of the Property and can sell the Property without being joined by any other person:

- ☒ Yes ☐ No
 - If "No", explain: _____

3. Is Seller a United States citizen?

- ☒ Yes ☐ No
 - If "No", is Seller a "foreign person" as defined in the Internal Revenue Code?
☐ Yes ☐ No

4. Check any of the following tax exemptions which Seller claims for the Property:

- ☒ Homestead ☐ Senior Citizen
☐ Disabled ☐ Disabled Veteran
☒ Agricultural ☐ Other _____

5. Is there currently in force for the Property a written Builder's Warranty?

- ☐ Yes ☒ No ☐ Unknown

-If "Yes", identify the warranty by stating:
Name of Company issuing warranty: _____

Warranty Number: _____

6. Except for manufacturer warranties, if any, on appliances, does there exist any other warranties for the Property?

- ☒ Yes ☐ No ☐ Unknown

- If "Yes", identify the warranties: Roof, Siding

7. Are there any pending or threatened condemnation proceedings which affect the Property?

- ☐ Yes ☒ No ☐ Unknown

- If "Yes", identify the warranties: _____

8. Has the Seller asserted any claim under any insurance policy or against any person for any physical condition of the Property?

- ☒ Yes ☐ No ☐ Unknown

- If "Yes", explain: Roof replaced (2016)
3 windows replaced (2016)

9. Has the Seller ever collected any insurance payments pursuant to a claim you have made for damage to the Property and then not used the proceeds to make the repairs for which the claim was submitted? ☐ Yes ☒ No

- If "Yes", explain: _____

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PROPERTY ADDRESS: Ben Wheeler, TX 75103

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10. 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

Date of Inspection	Type of Inspection	Name of Inspector/Company	# Pages	Attached (Y/N)
12-16	Maintenance	All - Around AC	NA	N
10-16	Maintenance	Aerobic Septic Inspections	10	Y

Explanatory comments by Seller, if any: Routine maintenance has been performed on the septic system

Buyer should not rely on the above-stated reports as a reflection of the current condition of the Property. A buyer should obtain inspections from inspectors of the buyer's own choice.

INFORMATION ABOUT EQUIPMENT AND SYSTEMS

11. For items listed below in Section 11, check appropriate box if items are included in the sale of the Property and are presently in "Working Condition" and there are no known defects. Please check if item has been replaced (note date of replacement) or explain if the item is repaired or in need of repair. Check "N/A" for items that do not apply to the Property or are not included in the sale. NOTE: THIS NOTICE DOES NOT ESTABLISH WHICH ITEMS ARE TO BE CONVEYED IN A SALE OF THE PROPERTY. THE TERMS OF A CONTRACT OF SALE WILL DETERMINE WHICH ITEMS ARE TO BE CONVEYED.

EQUIPMENT & SYSTEMS	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED Month/Year	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Attic Fan	☒	☐	☐		☐	
Automatic Lawn Sprinkler System (Front ___ / Back ___ / Left Side ___ / Right Side ___ / Fully ___)	☒	☐	☐		☐	
Carbon Monoxide Alarm	☐	☒	☐		☐	
Cable TV Wiring	☐	☒	☐		☐	
Ceiling Fan(s)	☐	☒	☐		☐	
Cooktop (Gas ___ / Electric ☒)	☐	☒	☐		☐	
Cooling (Central Gas ___ / Electric ☒) # Units <u>1</u>	☐	☒	☐		☐	
Cooling (Window ___ / Wall ___ / Evaporative Coolers ___)	☒	☐	☐		☐	
Dishwasher	☐	☒	☐		☐	
Disposal	☐	☐	☒	3-15	☐	Replaced
Electrical System	☐	☒	☐		☐	
Emergency Escape Ladder(s)	☒	☐	☐		☐	
Exhaust Fan(s)	☒	☒	☐		☐	
Fire Detection Equipment (Electric ☒ / Battery Operated ___)	☐	☒	☐		☐	
Garage Door Opener(s) & Controls (Automatic ___ / Manual ___) # Controls ___	☒	☐	☐		☐	
Gas Fixtures	☒	☐	☐		☐	
Gas Lines (Natural ___ / Liquid Propane ___)	☒	☐	☐		☐	
Heating (Central Gas ___ / Electric ___) # Units <u>1</u>	☐	☒	☐		☐	
Heating (Window ___ / Wall ___)	☒	☐	☐		☐	
Hot Tub	☒	☐	☐		☐	
Ice Maker	☒	☐	☐		☐	
Intercom System	☐	☐	☐		☒	
Lighting Fixtures	☐	☒	☒	2015	☐	Replaced Dining Room, Front Porch & others
Media Wiring & Equipment	☐	☒	☐		☐	
Microwave	☐	☒	☐		☐	
Outdoor Cooking Equipment	☒	☐	☐		☐	
Oven (Gas ___ / Electric ☒)	☐	☒	☐		☐	
Oven - Convection	☒	☐	☐		☐	
Plumbing System	☐	☒	☐		☐	
Public Sewer & Water System	☒	☐	☐		☐	
Range (Gas ___ / Electric ☒)	☐	☒	☐		☐	

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EQUIPMENT & SYSTEMS	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Refrigerator	☐	☒	☐		☐	
Satellite Dish and Receiver	☐	☒	☐		☐	
Sauna	☒	☐	☐		☐	
Security System(s) (In Use ☐ / Abandoned ☐)	☒	☐	☐		☐	
Septic or other On-Site Sewer System	☐	☒	☒	8-15	☐	Pump + Sprayer replaced
Shower Enclosure & Pan	☐	☒	☐		☐	
Smoke Detector/Hearing Impaired	☐	☒	☐		☐	
Spa	☒	☐	☐		☐	
Stove (Free Standing) For Heating (Free Standing)	☒	☐	☐		☐	
Swimming Pool & Equipment	☒	☐	☐		☐	
Swimming Pool Built-In Cleaning Equipment	☒	☐	☐		☐	
Swimming Pool Heater	☒	☐	☐		☐	
Trash Compactor	☒	☐	☐		☐	
TV Antenna	☒	☐	☐		☐	
Water Heater (Gas ☐ / Electric ☒)	☐	☒	☒	2011	☐	
Water Softener	☒	☐	☐		☐	
Wells	☒	☐	☐		☐	

INFORMATION ABOUT STRUCTURE/OTHER

STRUCTURE / OTHER	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Basement	☒	☐	☐		☐	
Carport (Attached ☐ / Not Attached ☐)	☒	☐	☐		☐	
Ceilings	☐	☒	☐		☐	
Doors	☐	☒	☒	12-14	☐	Front + Utility Doors replaced
Drains (French ☐ / Other ☐)	☒	☐	☐		☐	
Driveway	☐	☒	☒	11-16	☐	Repaired
Electrical Wiring	☐	☒	☐		☐	
Fences	☐	☒	☒	12-16	☐	Front Fence Replaced
Fireplace(s)/Chimney (Mock)	☒	☐	☐		☐	
Fireplace(s)/Chimney (Wood burning)	☐	☒	☐		☐	
Fireplace(s)/with gas logs	☒	☐	☐		☐	
Floor	☐	☒	☐		☐	
Foundation	☐	☒	☐		☐	
Garage (Attached ☐ / Not Attached ☐)	☒	☐	☐		☐	
Lighting (Outdoor)	☐	☒	☒	11-16	☐	Front Porch Light replaced
Patio / Decking	☐	☒	☒	11-16	☐	Front Porch replaced
Retaining Wall	☒	☐	☐		☐	
Rain Gutters and Down Spouts	☒	☐	☐		☐	
Roof	☐	☒	☒	2016	☐	Entire Roof replaced
Sidewalk	☒	☐	☐		☐	
Skylight(s)	☒	☐	☐		☐	
Sump or Grinder Pump	☒	☐	☐		☐	
Walls (Exterior/Interior)	☐	☒	☐		☐	
Washer / Dryer Hookups (Gas ☐ / Electric ☒)	☐	☒	☐		☐	
Windows	☐	☒	☒	2016	☐	3 LR windows replaced
Window Screens	☒	☐	☐		☐	
Other	☐	☐	☐		☐	
Other	☐	☐	☐		☐	
Other	☐	☐	☐		☐	
Other	☐	☐	☐		☐	
Other	☐	☐	☐		☐	

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12. If stucco, what is the type of stucco? _____
13. The Shingles or roof covering is constructed of
☐ Wood ☒ Composition ☐ Tile ☐ Other _____
 Is there an overlay covering?
☐ Yes ☐ No ☐ Unknown.
14. The age of the shingles or roof covering:
21 Years ☐ Unknown
 Is the roof paid for by the Property Owners Association?
☐ Yes ☒ No ☐ Unknown
15. The electrical wiring of the Property is:
☒ Copper ☐ Aluminum ☐ Unknown
☐ Other (specify) _____

16. Is there an alarm system? ☐ Yes ☒ No
 - If "Yes", system is:
☐ Owned by Seller ☐ Leased by Seller
 - If leased, is lease transferable? ☐ Yes ☐ No
 Monitor Charge ☐ Mth ☐ Qtr ☐ Yr. \$ _____
 Lease Charge ☐ Mth ☐ Qtr ☐ Yr. \$ _____
17. Is the heating and cooling controlled by the Property Owners Association? ☐ Yes ☒ No ☐ Unknown _____
18. Please identify other systems, if any, of the Property which are leased and not owned by the Seller: _____
19. Year the Property was constructed: 2000
☒ Per Owner ☐ Tax Rolls
 (If before 1978 complete, sign and attach TAR 1906 concerning lead-based paint hazards.)

MISCELLANEOUS INFORMATION ABOUT PROPERTY

19. Is the Seller aware of any of the following conditions? (Visible or Not)

	YES	NO	UNKNOWN	IF "YES", EXPLAIN
ASBESTOS Components?	☐	☒	☐	
Any personal or business BANKRUPTCY pending which would affect the sale of the Property?	☐	☒	☐	
Carpet Stains/Damage ?	☐	☒	☐	
Located on or near CORP OF ENGINEERS Property?	☐	☒	☐	
Any DEATH on the property (except for those deaths caused by natural causes, suicide, or accident unrelated to the condition of the Property)?	☐	☒	☐	
Unplatted EASEMENTS ?	☐	☒	☐	
FAULT Lines?	☐	☒	☐	
Previous FIRES ?	☐	☒	☐	
Any FORECLOSURES pending or threatened with respect to the Property?	☐	☒	☐	
Urea formaldehyde INSULATION ?	☐	☒	☐	
LANDFILL ?	☐	☒	☐	
Any NOTICES of violation of deed restrictions or governmental ordinances affecting the condition or use of the Property?	☐	☒	☐	
Lead-based PAINT ?	☐	☒	☐	
Room additions, structural modification, or other alterations or repairs made without necessary PERMITS or not in compliance with building codes in effect at that time?	☐	☒	☐	
Above-ground impediment to swimming POOL ?	☐	☒	☐	
Underground impediment to swimming POOL ?	☐	☒	☐	
Any PROPERTY CONDITION which materially affects the physical health or safety of an individual?	☐	☒	☐	
RADON gas?	☐	☒	☐	
House SETTLING ?	☐	☒	☐	
SOIL Movement?	☐	☒	☐	
Subsurface STRUCTURES , Tanks, or Pits?	☐	☒	☐	
Hazardous or TOXIC WASTE affecting the Property?	☐	☒	☐	
Holes in WALLS ?	☐	☒	☐	

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	YES	NO	UNKNOWN	IF "YES", EXPLAIN
WOOD ROT Damage Needing Repair?	☐	☒	☐	
Property covered by flood insurance? (If "Yes", attach "Information About Special Flood Hazard Area" TAR 1414)	☐	☒	☐	
Located in 100 year FLOOD PLAIN?	☐	☒	☐	
Located in Floodway?	☐	☒	☐	
Located in a city flood plain?	☐	☒	☐	
Tax or judgment liens?	☐	☒	☐	
In an ETJ district? (Extra Territorial Jurisdiction)	☐	☒	☐	
Diseased TREES?	☐	☒	☐	
Liquid Propane Gas?	☐	☒	☐	
- LP Community (Captive)?	☐	☒	☐	
- LP on Property?	☐	☒	☐	
Single Blockable Main Drain in a Pool/Hot Tub/Spa* * A Single Blockable Main Drain may cause a suction entrapment hazard for an individual.	☐	☒	☐	

20. If the Property is part of a Property Owner's Association, state the following information:
- Association Name: _____
 - Association Management Company: _____
 - Association Email: _____
 - Association Phone Number: _____
 - Amount of dues or assessments: \$ _____
 - Assessment amount is: _____
 - Monthly \$ _____ Quarterly \$ _____ Annually \$ _____
 - Payment of dues/assessments is: _____
 - ☐ Mandatory ☐ Voluntary
 - Amount of Unpaid Dues or Assessments, if any: \$ _____
 - Optional Membership: \$ _____
21. Has the Property (or the Property Owner's Association of which of which the Property is a part) been the subject of any pending or concluded litigation?
- ☐ Yes ☒ No ☐ Unknown
- If "Yes", attach an explanation _____
22. Is the Property in an overlay, proposed overlay, historic or conservation district that may have special restrictions?
- ☐ Yes ☐ No ☐ Unknown
- If "Yes", explain: _____
23. The Property is currently serviced by the following utilities or systems (check as applicable):
- ☒ Water ☐ Sewer ☒ Septic
- ☒ Electricity ☐ Gas ☐ Cable TV
- High Speed Internet Availability: ☐ Cable ☒ DSL ☐ Unknown
- Other: Century Link
- Are any of these paid for by the Property Owner's Association? ☐ Yes ☒ No ☐ Unknown
- If yes, explain: _____
24. The water service to the Property is provided by (check as applicable): ☐ City ☐ Well ☐ MUD ☒ Coop
- Are any of these paid for by the Property Owner's Association? ☐ Yes ☒ No ☐ Unknown
- If yes, explain: _____

25. Is Property Owner's Association parking: NA
- ☐ Assigned ☐ Unassigned _____ # Spaces
- Space Number(s) are: _____
- ☐ Carport ☐ Uncovered ☐ Garage
26. Is there any rainwater harvesting system connected to the property?
- ☐ Yes ☒ No ☐ Unknown
- Is the system connected to the property's public water supply that is able to be used for indoor potable purposes?
- ☐ Yes ☐ No ☐ Unknown
- Is the system larger than 500 gallons?
- ☐ Yes ☐ No ☐ Unknown
- If "Yes", explain: _____
27. Any "common area" (facilities such as pools, tennis courts, walkways, or other areas) co-owned in undivided interest with others?
- ☐ Yes ☒ No
28. Are there any outstanding mechanics and Material Man's liens or lis pendens against the Property?
- ☐ Yes ☒ No ☐ Unknown

INFORMATION ABOUT FOUNDATION

29. Has the Seller ever obtained a written report about the condition of the foundation from any engineer, contractor, inspector, or expert? ☐ Yes ☒ No ☐ Unknown
- If "Yes", please attach the report _____
30. Have repairs been made to the foundation of the Property since its original construction? ☐ Yes ☐ No ☐ Unknown
- If "Yes", please attach the report _____

INFORMATION ABOUT DRAINAGE

31. Has the Seller ever obtained a written report about any improper drainage condition from any engineer, contractor, inspector, or expert? ☐ Yes ☒ No ☐ Unknown

If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content:

32. Have repairs been made to the drainage of the Property since its original construction? ☒ Yes ☐ No ☐ Unknown

If "Yes", explain what repairs you know or believe to have been made: *When skirting was replaced (2016), steps were taken to ensure proper drainage.*

33. Does the Seller know of any currently defective condition to the drainage of the Property? ☐ Yes ☒ No ☐ Unknown

If "Yes", explain:

34. Have there been any previous incidents of flooding or other water penetration into the house, garage, or accessory buildings of the Property? ☐ Yes ☒ No ☐ Unknown

If "Yes", when did the incident(s) occur and describe the extent of flooding or water penetration:

INFORMATION ABOUT TERMITES/WOOD DESTROYING INSECTS

35. Has the Seller ever obtained a written report about active termites or other wood destroying insects? ☐ Yes ☒ No ☐ Unknown

If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its contents:

36. Has the Property been treated for termites or other wood destroying insects? ☐ Yes ☒ No ☐ Unknown

If "Yes", please state the date of treatment:

37. Have there been any repairs made to damage caused by termites or other wood destroying insects? ☐ Yes ☒ No ☐ Unknown

If "Yes", explain what repairs you know or believe to have been made:

38. Do active termites or other wood destroying insects currently infest the Property? ☐ Yes ☒ No ☐ Unknown

If "Yes", explain:

39. Is there any existing termite damage in need of repair?

☐ Yes ☒ No ☐ Unknown

If "Yes", explain:

40. Is the Property currently covered by a termite policy?

☐ Yes ☒ No ☐ Unknown ☐ POA Maintained

If "Yes", identify the policy by stating:

Name of Company issuing the policy:

Policy Number:

Date of policy renewal:

Phone Number:

INFORMATION ABOUT ENVIRONMENTAL CONDITIONS

41. Is the Seller aware of any repairs or treatment, other than routine maintenance, for the following environmental conditions?

The presence or removal of asbestos? ☐ Yes ☒ No

The presence of radon gas? ☐ Yes ☒ No

The presence or treatment of mold? ☐ Yes ☒ No

The presence of lead based paint? ☐ Yes ☒ No

If "Yes", explain:

42. If the answer to any part of Question #41 is "Yes", has the Seller ever obtained a written report for addressing such environmental hazards?

☐ Yes ☐ No

If "Yes", explain:

(Identify any reports by stating the date of the report, the person or company who made the report, and its contents.)

43. Is the Seller aware of previous use of premises for manufacture of Methamphetamine?

☐ Yes ☒ No

44. Is the Seller aware of any condition not previously addressed in this Disclosure Statement which, in Seller's opinion, is a defective condition or adversely affects the Property?

☐ Yes ☒ No ☐ Unknown

If "Yes", explain:

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ACKNOWLEDGEMENT BY SELLER**DISCLOSURES**

45. I, the Seller, state that the information in this disclosure is complete and accurate to the best of my knowledge and belief.

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46. I, the Seller, understand the information in this statement will be disseminated by Listing Broker to prospective buyers and other brokers.

BT CL
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47. The listing agent has not instructed Seller how to answer any question in this disclosure or suggested any answer to Seller or in any way sought to influence Seller to provide any information or answers which are not absolutely true so far as the Seller knows.

BT CL
Seller(s) Initials Seller(s) Initials

Municipal Utility District Disclosures

Check All That Apply:

(Attach additional MUD Disclosure Notice provided by Chapter 49, Texas Water Code)

- ☐ The Property is located in a Municipal Utility District (MUD) which is either:
- ☐ Located in whole or in part within the corporate boundaries of a municipality (MUD Disclosure Form #1)
 - ☐ Not located in whole or in part within the corporate boundaries of a municipality (MUD Disclosure Form #2)
 - ☐ Located in whole or in part within the extraterritorial jurisdiction of the corporate boundaries of a municipality. (MUD Disclosure Form #3)

On-Site Sewer Facility

If the Property has a septic or other on-site sewer facility

- ☒ Attached is Information About On-Site Sewer Facility (TAR #1407)
- ☐ Property is located in a Public Improvement District (PID)

SMOKE DETECTION EQUIPMENT

Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code?*

☒ Yes ☐ No ☐ Unknown 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 the installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

INDEMNIFICATION

SELLER(S) HEREBY AGREE(S) TO INDEMNIFY LISTING BROKER AND ALL OTHER BROKERS PARTICIPATING IN ANY SALE OF THE PROPERTY OF AND FROM ANY CLAIM, LOSS, OR DAMAGE ARISING FROM ANY FALSE REPRESENTATION CONTAINED IN THIS DISCLOSURE STATEMENT.

BT
SELLER (SIGN AS NAME APPEARS ON TITLE)
Bruce W. Thomas

2-18-17 Courtney Thomas
DATE SELLER (SIGN AS NAME APPEARS ON TITLE)
Courtney A. Thomas

2/18/17
DATE

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NOTICES TO BUYER

1. The Texas Department of Public Safety maintains a database that consumers 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. For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
2. Such written information in this Seller's Disclosure Notice for the Property does not constitute the representations of the Listing Broker and other Broker participating in a sale transaction or their sales associates, employees or agents who are relying upon the written information provided by the Seller in this disclosure notice. Buyer is not relying upon any statement or representation by the Listing Broker and any other broker and their sales associates, employees, and agents concerning the condition of the Property. **THIS IS NOT A WARRANTY. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY PRIOR TO CLOSING.**
3. Buyer may be provided information about the size of the property, either of the real property or the improvements. All such information has been obtained by Broker or Seller from third parties, including information obtained from official tax records. Such information is not always accurate.
4. If the Buyer bases an offer on square footage, measurements or boundaries, Buyer should have those items independently measured to verify any reported information which is often unreliable.
5. If the property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1000 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.

The undersigned Buyer(s) hereby acknowledge(s) receipt of this Seller's Disclosure Notice for the Property:

BUYER _____	DATE _____	BUYER _____	DATE _____
PRINT NAME _____		PRINT NAME _____	

233 Pvt Rd 8303
PROPERTY ADDRESS: Ben Wheeler, TX 75103

MetroTex Association of REALTORS® 7107 May 2010 Buyer's Initials _____

Buyer's Initials _____

SELLER'S DISCLOSURE NOTICE - PAGE 1 OF 1
Seller's Initials BT Seller's Initials [Signature]



TEXAS ASSOCIATION OF REALTORS®
INFORMATION ABOUT ON-SITE SEWER FACILITY

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS® IS NOT AUTHORIZED.
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CONCERNING THE PROPERTY AT

233 Pvt Rd 8303
 Ben Wheeler, TX 75103

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

- (1) Type of Treatment System: ☐ Septic Tank ☒ Aerobic Treatment ☐ Unknown
- (2) Type of Distribution System: Sprinkler ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: South of house in pasture ☐ Unknown
- (4) Installer: Miller Machine & Tool Inc. ☐ Unknown
- (5) Approximate Age: 14 yrs ☐ 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: Aerobic Septic Inspections
 Phone: (903) 865-1122 contract expiration date: 3-8-18
 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? 8-21-15
- (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.



Signature of Seller
Bruce W. Thomas

2-18-17

Date



Signature of Seller
Cortney A. Thomas

2/18/17

Date

Receipt acknowledged by:

Signature of Buyer

Date

Signature of Buyer

Date

Additional Property Info and FAQs Answered by Seller

PLEASE PRINT LEGIBLY

Property Address: 233 Private Road 8303 Ben Wheeler, TX 75754

Is there a survey on the property? Yes If yes, do you have a copy? Yes

What builder built the home? Palm Harbor

How many owners has the home had? 3

For properties with acreage, how much is wooded? 0 acres Open? 5.76 acres

To your knowledge, is any of the property in the 100 yr. Flood Plain? If so, how much and where? No

Is there Ag. exemption on the property? Yes If so, for what activity? Hay

Are there any recorded/unrecorded easements? No

Are there any written or oral leases (including minerals)? No If so, what are they and with whom? _____

Is the property in a Homeowner's Association? No If so, what are the amount and frequency of the dues? _____

Property Features Updates and Upgrades

PLEASE PRINT LEGIBLY

Property Address: 233 Private Road #303 Ben Wheeler, TX 75754

Item Updated/Upgraded	Date	Description	Approx. Cost
A/C Outside Compressor	1-17		\$650
A/C Inside Coil/Furnace			
Curtains/Blinds	12-16	Replaced all rods, curtains + some blinds	\$400
Ceiling Fans/Fixtures			
Countertops	1-15	Replaced Kitchen Counters	\$1500
Cabinets			
Deck	11-16	Replaced Front Porch Decking	\$1400
Doors	1-15	Replaced Front + Utility Doors	\$600
Electrical			
Faucets			
Fence	12-16	Replaced Front Fence	\$300
Fireplace			
Flooring			
Garage Door/Opener			
Insulation			
Landscaping		Both Living Rooms, Dining	
Paint	11-16	Exterior, Master, 2nd BR	\$2,000
Roof	7-16	Replaced Entire Roof	\$5,600
Sinks	1-15	Replaced Kitchen Sink	\$100
Septic System	8-15	Pump + Sprayer Replaced	\$440
Sprinkler System			
Walls			
Water Heater			
Windows	11-16	Replaced 3 L.R. windows	
Other: Skirting	11-16	Replaced all skirting	\$2,000
Other: Drive way	11-16	Repaired	\$2000
Other: Storage Sheds	8-15	Purchased 2 Sheds	\$1,000

The above information provided by the Seller is approximate. It is deemed accurate but not guaranteed. Buyer to verify.

\$17,990

AEROBIC SEPTIC INSPECTIONS
PO BOX 1444
CANTON, TX 75103

Phone: (903) 865-1122
Fax: (903) 865-1908

Printed: 10/25/2016

Permit #: 234-09-02-835

To: Bruce & Cortney Thomas
233 PR 8303
Ben Wheeler, TX 75754

Tech: Not Assigned
Brand/Mfg: _____
System S/N: _____
Aerator and S/N: _____

Contract: 3/8/2016 - 3/8/2017

Inspections per year: 3

Service Due: 11/8/2016

Alt Phone: _____

Site: 233 PR 8303, Ben Wheeler

Agency: Van Zandt

County: Van Zandt

Subdivision: _____

Installed: 1/4/2009

Phone: (903) 479-4080

Cell: (903) 286-2497

Work: _____

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	☒
Irrigation Pump:	☒	_____	_____
Air Compressor:	☒	_____	_____
Disinfection Device:	☒	_____	_____
Chlorine Supply:	☒	_____	_____
Spray Field Vegetation:	☒	_____	_____
Sprinklers:	☒	_____	_____
Control Box Corrosion:	Negligible ☒	Severe _____	_____
Air Compressor Filter:	Cleaned ☒	Replaced _____	Air Pump PSI: 2 1/4
Cleaned Pump Screen:	☒	_____	_____
Sludge Level: Pre Treatment Tank:	OK	Aerobic Tank: OK	Clarifier Tank: OK Pump Tank: OK
Color of Effluent in Aerobic Tank:	Brown	_____	_____
Recommend System Should be Pumped:	Over 7" of thick sludge: Y / ☒	_____	_____
Lids Secure When Leaving Site:	☒ / N	_____	_____
Test Results & Observations:	Chlorine Residual: 0.01-mg/L	_____	_____
	Test Method: Hach	_____	_____

Repair Made: Y / ☒

Repairs & Comments: _____

Inspector: SW Walker MT 0020780

Date: 11-30-16

Area: 10

GPS: 0 0

ID: 690

☐ Appointment

233 PR 8303, Ben Wheeler

Invoice

Date	Invoice #
7/7/2016	6508

07/18/2016

Quantity	Description	Rate	Amount
1	Alarm Toggle Switch	17.50	17.50
	Service Call to check alarm - toggle switch was broken. (No charge for service call).	0.00	0.00
Thank you!			
Phone #		Total	\$37.50

Thank you!

903 865 1127

AEROBIC SEPTIC INSPECTIONS
PO BOX 1444
CANTON, TX 75103

Phone: (903) 865-1122
Fax: (903) 865-1908

Printed: 8/30/2016

Permit #: 234-09-02-835

To: Bruce & Cortney Thomas
233 PR 8303
Ben Wheeler, TX 75754

Tech: Not Assigned
Brand/Mfg: -
System S/N:
Aerator and S/N:

Site: 233 PR 8303, Ben Wheeler

Installed: 1/4/2009
Phone: (903) 479-4060
Cell: (903) 288-2497
Work:

Contract: 3/8/2016 - 3/8/2017
Inspections per year: 3
Service Due: 7/8/2016
Alt Phone:

Agency: Van Zandt
County: Van Zandt
Subdivision:

Item	Operational	Inoperative	N/A
Aerator:	<u> </u>	<u> </u>	<u> </u>
Irrigation Pump:	<u> </u>	<u> </u>	<u> </u>
Air Compressor:	<u> </u>	<u> </u>	<u> </u>
Disinfection Device:	<u> </u>	<u> </u>	<u> </u>
Chlorine Supply:	<u> </u>	<u> </u>	<u> </u>
Spray Field Vegetation:	<u> </u>	<u> </u>	<u> </u>
Sprinklers:	<u> </u>	<u> </u>	<u> </u>
Control Box Corrosion:	Negligible <u> </u>	Severe <u> </u>	
Air Compressor Filter:	Cleaned <u> </u>	Replaced <u> </u>	Air Pump PSI: <u> </u>
Cleaned Pump Screen:	<u>Y / N</u>		
Sludge Level: Pre Treatment Tank:	<u> </u>	Aerobic Tank: <u> </u>	Clarifier Tank: <u> </u> Pump Tank: <u> </u>
Color of Effluent in Aerobic Tank:	<u>BROWN</u>		
Recommend System Should be Pumped: Over 7" of thick sludge:	Y <u>(N)</u>		
Lids Secure When Leaving Site:	<u>Y / N</u>		
Test Results & Observations:	Chlorine Residual: <u>0.1 mg/L</u>		
	Test Method: <u>DPD</u>		
Repair Made:	Y <u>(N)</u>		
Repairs & Comments:			

Inspector: Raymond Scott Date: 8/5/16

Area: / 0
GPS: 0 0

ID = 690

☐ Appointment

233 PR 8303, Ben Wheeler

AEROBIC SEPTIC INSPECTIONS
PO BOX 1444
CANTON, TX 75103

Phone: (803) 865-1122
Fax: (803) 865-1908

Printed: 2/26/2016

Permit #: 234-09-02-835

To: Bruce & Cortney Thomas
233 PR 8303
Ben Wheeler, TX 75754

Tech: Not Assigned
Brand/Mfg: -
System S/N:
Aerator and S/N:

Contract: 3/8/2016 - 3/8/2017
Inspections per year: 3
Service Due: 3/8/2016
Alt Phone:

Installed: 1/4/2009
Phone: (903) 479-4060
Cell: (903) 286-2497
Work:

Site: 233 PR 8303, Ben Wheeler

Agency: Van Zandt

County: Van Zandt

Subdivision:

Item	Operational	Inoperative	N/A
Aerator:	<u>✓</u>	<u> </u>	<u> </u>
Irrigation Pump:	<u> </u>	<u> </u>	<u> </u>
Air Compressor:	<u> </u>	<u> </u>	<u> </u>
Disinfection Device:	<u> </u>	<u> </u>	<u> </u>
Chlorine Supply:	<u> </u>	<u> </u>	<u> </u>
Spray Field Vegetation:	<u> </u>	<u> </u>	<u> </u>
Sprinklers:	<u> </u>	<u> </u>	<u> </u>
Control Box Corrosion:	Negligible <u>✓</u>	Severe <u> </u>	
Air Compressor Filter:	Cleaned <u>✓</u>	Replaced <u> </u>	Air Pump PSI: <u>2</u>
Cleaned Pump Screen:	<u>Y / N</u>		
Sludge Level: Pre Treatment Tank:	<u>2</u>	Aerobic Tank: <u>1</u>	Clarifier Tank: <u>1</u> Pump Tank: <u>1</u>
Color of Effluent in Aerobic Tank:	<u>Orange</u>		
Recommend System Should be Pumped:	Over 7" of thick sludge: <u>Y / (N)</u>		
Lids Secure When Leaving Site:	<u>Y / N</u>		
Test Results & Observations:	Chlorine Residual: <u>0.2 mg/L</u>		
	Test Method: <u>Hatch</u>		

Repair Made: Y / N

Repairs & Comments:

Replaced pressure switch

Inspector:

Raymond Scott

Date:

3/17/16

Inspector needs to replace alarm switch when he goes to inspect system in March. If Courtney is there, she can pay for it or we can bill her for \$37.50.

Area: 1.0
GPS: 0.0

ID = 690

☐ Appointment

233 PR 8303, Ben Wheeler

AEROBIC SEPTIC INSPECTIONS
PO BOX 1444
CANTON, TX 75103

Printed: 10/27/2015

Phone: (903) 865-1122
Fax: (903) 865-1908

Permit #: 234-09-02-835

To: Bruce & Cortney Thomas
233 PR 8303
Ben Wheeler, TX 75754

Tech: Not Assigned
Brand/Mfg: _____
System S/N: _____
Aerator and S/N: _____

Site: 233 PR 8303, Ben Wheeler

Installed: 1/4/2009
Phone: (903) 479-4060
Cell: _____
Work: _____

Contract: 3/8/2015 - 3/8/2016
Inspections per year: 3
Service Due: 11/8/2015
Alt Phone: _____

Agency: Van Zandt
County: Van Zandt
Subdivision: _____

Item	Operational	Inoperative	N/A
Aerator:	☒	☐	☒
Irrigation Pump:	☒	☐	☐
Air Compressor:	☒	☐	☐
Disinfection Device:	☒	☐	☐
Chlorine Supply:	☒	☐	☐
Spray Field Vegetation:	☒	☐	☐
Sprinklers:	☒	☐	☐
Control Box Corrosion:	Negligible	Severe	
Air Compressor Filter:	Cleaned ☒	Replaced ☐	Air Pump PSI: <u>2</u>
Cleaned Pump Screen:	☒ Y / N		
Sludge Level: Pre Treatment Tank:	<u>3</u>	Aerobic Tank: <u>1</u>	Clarifier Tank: <u>2</u> Pump Tank: <u>1</u>
Color of Effluent in Aerobic Tank:	<u>13 Brown</u>		
Recommend System Should be Pumped:	Over 7" of thick sludge: Y ☒ N		
Lids Secure When Leaving Site:	☒ Y / N		
Test Results & Observations:	Chlorine Residual: <u>1.0 mg/L</u>		
	Test Method: <u>HATCH</u>		

Repair Made: Y / ☒ N

Repairs & Comments:

Need 5 new Alarm Switches on Box

Inspector: Raymond Scott

Date: 12/9/15

Area: / 0
GPS: 0 0

ID = 690

☐ Appointment

233 PR 8303, Ben Wheeler

PO BOX 1444
CANTON, TEXAS 75103

Date	Invoice #
8/18/2013	3110

Bruce & Coniney Thomas
233 PR 8303
Ben Wheeler, TX 75754

09/08/2015

P.O. No.	Terms	Project
	Due on receipt	

[illegible]

AEROBIC SEPTIC INSPECTIONS
PO BOX 1444
CANTON, TX 75103

Phone: (803) 865-1122
Fax: (903) 865-1908

Printed: 6/22/2015

Permit #: 234-09-02-835

To: Bruce Courtney
233 PR 8303
Ben Wheeler, TX 75754

Tech: Not Assigned
Brand/Mfg:
System S/N
Aerator and S/N

Site: 233 PR 8303, Ben Wheeler
Agency: Van Zandt
County: Van Zandt
Subdivision:

Contract: 3/8/2015 - 3/8/2016
Inspections per year: 3
Service Due: 7/8/2015
Alt Phone:
Installed: 1/4/2009
Phone: (903) 479-4060
Cell:
Work:

Inspection Type: PM Inspection # of for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>/</u>	<u> </u>	<u> </u>
Air compressor:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>0</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>/</u>	<u> </u>	<u> </u>

Test Results and observations: (As Required)

Chlorine Residual:
Test Method: Hand

LIDS SECURE YES ✓ NO

Repairs made: Y/N

Repairs and Comments:

MP0000963 Chlorine 2.11% New to add chlorine
OSSF Maintenance Provider: Raymond Scott MP0000821

Inspector: De Stewart

Date: 7-29-15

Area: 1.0
GPS: 0.0

ID = 690

☐ Appointment

233 PR 8303, Ben Wheeler

AEROBIC SEPTIC INSPECTIONS
PO BOX 1444
CANTON, TX 75103

Wm
36A

Printed: 3/13/2016

(903) 865-1122
Fax: (903) 865-1908

Permit #: 234-09-02-835

To: **Bruce Courtney**
233 PR 8303
Ben Wheeler, TX 75754

Tech: Not Assigned
Brand/Mfg
System S/N
Aerator and S/N

Site: 233 PR 8303, Ben Wheeler
Agency: Van Zandt
County: Van Zandt
Subdivision:

Installed: 1/4/2009
Phone: (903) 479-4060
Cell:
Work:

Contract: 3/8/2015 - 3/8/2016
Inspections per year: 3
Service Due: 3/8/2015
Alt Phone:
Warranty Ending:

Inspection Type: MI Inspection # 1 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<u>✓</u>	<u> </u>	<u>✓</u>
Irrigation pump:	<u>✓</u>	<u> </u>	<u> </u>
Air compressor:	<u>✓</u>	<u> </u>	<u> </u>
Disinfection device:	<u>✓</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>✓</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>overgrown</u>	<u> </u>	<u> </u>
Sprinkler / <u>Drip backwash</u> :	<u>✓</u>	<u> </u>	<u> </u>

Test Results and observations: (As Required)

Chlorine Residual: 1.2

Test Method:

LIDS SECURE YES NO

Repairs made: Y / N

Repairs and Comments:

Overgrown Ant @ Tank
OSSF Maintenance Provider: Raymond Scott MP0000821

Inspector: CAC

Date: 5-5-18

Area: 10
GPS: 0 0

ID = 690

233 PR 8303, Ben Wheeler

AEROBIC SEPTIC INSPECTIONS
PO BOX 1444
CANTON, TX 75103



COPY

Date: 2/23/2016

Phone: (903) 865-1122
Fax: (903) 865-1908
/scott.raymond44@yahoo.com
Permit #: 234-09-02-835

To: Bruce & Cortney Thomas
233 PR 8303
Ben Wheeler, TX 75754

Contract Period
Start Date: 3/8/2016
End Date: 3/8/2017

Phone: (903) 479-4060 Subdivision:
Site: 233 PR 8303, Ben Wheeler, TX 75754
County: Van Zandt
Installer:
Agency: Van Zandt
Mfg/Brand: /

Installed: 1/4/2009

AEROBIC SEPTIC INSPECTIONS
3 visits per year - one every 4 months

Map Key: ID 690

This is to Certify that the above RESIDENTIAL sewage system has a RENEWED inspections agreement per Texas Commission on Environmental Quality (TCEQ) standards for on site sewerage facilities as required.

Inspection reports by the above service company will be filed with the authorized agency as required by the TCEQ regulations. A weather proof tag or label will be attached to the controller showing the month that each inspection was made.

Items included on the Inspection Report generally include aerators, filters, irrigation pump, air compressor, disinfection device, chlorine supply, OK System light, spray field vegetation, probe, sprinkler or drip backwash.

We will visit your site within 48 hours of you notifying us of a problem.

Raymond Scott is certified by the manufacturer of your system.

The air filter will be cleaned at each visit.

This agreement does not include the cost of repairs.

The homeowner is responsible for keeping chlorine in the system.

Home Owner: Bruce & Cortney Thomas
Phone: 903-479-4060
Email: _____

Owner Drivers License number _____
License expiration date _____

Certified Inspector: Raymond R. Scott MP0000821
Raymond Scott MP0000821

Date: 2/23/16

IF YOU WOULD LIKE TO PAY BY CREDIT CARD FILL IN INFORMATION BELOW

Name on card: _____

Card number: _____

CVZ number _____ Expiration date: _____
Circle one MASTER CARD VISA DISCOVER

SAIAS 903-780-2396 CARLOS 903-820-2029

Notice: Sanchez Septic Tank Svc. is not responsible for damage to water or electrical lines underground. A \$25.00 fee will be charged for insufficient funds check, and will be given to the Hot Check Division of Smith County Texas.

SIGNATURE

TOTAL

007940

THANK YOU HAVE A NICE DAY