



# 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 1022 CR 134  
Columbus, TX 78934

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?  
\_\_\_\_\_ 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)			<input checked="" type="checkbox"/>
Exhaust Fans	<input checked="" type="checkbox"/>	<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"/>	
Natural Gas Lines		<input checked="" type="checkbox"/>	

Item	Y	N	U
Liquid Propane Gas:		<input checked="" type="checkbox"/>	
-LP Community (Captive)		<input checked="" type="checkbox"/>	
-LP on Property		<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"/>	

Item	Y	N	U
Pump: sump 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"/>		
Public Sewer System		<input checked="" type="checkbox"/>	

Item	Y	N	U	Additional Information
Central A/C	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric gas number of units: _____
Evaporative Coolers		<input checked="" type="checkbox"/>		number of units: _____
Wall/Window AC Units	<input checked="" type="checkbox"/>			number of units: <u>2</u> <u>1 IN GARAGE</u> <u>1 IN HPT.</u>
Attic Fan(s)		<input checked="" type="checkbox"/>		if yes, describe: _____
Central Heat	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric gas number of units: _____
Other Heat		<input checked="" type="checkbox"/>		if yes, describe: _____
Oven	<input checked="" type="checkbox"/>			number of ovens: <input checked="" type="checkbox"/> electric gas other: _____
Fireplace & Chimney	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> wood gas logs mock other: _____
Carport		<input checked="" type="checkbox"/>		attached <input type="checkbox"/> not attached
Garage	<input checked="" type="checkbox"/>			attached <input checked="" type="checkbox"/> not attached
Garage Door Openers		<input checked="" type="checkbox"/>		number of units: _____ number of remotes: _____
Satellite Dish & Controls	<input checked="" type="checkbox"/>			owned lease from: _____
Security System		<input checked="" type="checkbox"/>		owned lease from: _____
Water Heater	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric gas other: _____ number of units: _____
Water Softener		<input checked="" type="checkbox"/>		owned lease from: _____
Underground Lawn Sprinkler		<input checked="" type="checkbox"/>		automatic manual areas covered: _____
Septic / On-Site Sewer Facility	<input checked="" type="checkbox"/>			if yes, attach Information About On-Site Sewer Facility (TAR-1407)

(TAR-1406) 01-01-16

Initialed by: Buyer: \_\_\_\_\_ and Seller: GR EC

Coldwell Banker - The Ron Brown Company, 930 Walnut Street Columbus, TX 78934  
Nicola Hammett

Phone: 979.733.4594 Fax: 979.733.9009

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Page 1 of 5  
1022 CR 134,

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: COMPOSITION Age: 6 yrs (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: oak wilt		<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 <u>UNKNOWN</u>		<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"/>
Located in Historic District		<input checked="" type="checkbox"/>
Historic Property Designation		<input checked="" type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine		<input checked="" type="checkbox"/>

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"/>
Previous Fires		<input checked="" type="checkbox"/>
Termite or WDI damage needing repair		<input checked="" type="checkbox"/>
Single Blockable Main Drain in Pool/Hot Tub/Spa*		<input checked="" type="checkbox"/>

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

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

Roof Replaced Gyns + -

\*A single blockable main drain may cause a suction entrapment hazard for an individual.

**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).

☒ ☐ Any rainwater harvesting system located on the Property that is larger than 500 gallons and that uses a public water supply as an auxiliary water source.

☒ ☐ The Property is located in a propane gas system service area owned by a propane distribution system retailer.

☒ ☐ Any portion of the Property that is located in a groundwater conservation district or a subsidence district.

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

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

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:

☐ Homestead ☐ Senior Citizen ☐ Disabled  
☐ Wildlife Management ☒ Agricultural ☐ Disabled Veteran  
☐ Other: \_\_\_\_\_ ☐ Unknown

Section 9. Have you (Seller) ever filed a claim for damage to the Property with any insurance provider? ☒ yes ☐ no

Section 10. 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 11. 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.*

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

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.

Taylor Carroll 4-27-17 Enola Carroll 4/27/17  
Signature of Seller Date Signature of Seller Date  
Printed Name: TAYLOR Carroll Printed Name: Enola Carroll

**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>SBEC</u>	phone #: _____
Sewer: <u>SEPTIC</u>	phone #: _____
Water: <u>WELL</u>	phone #: _____
Cable: <u>DISH</u>	phone #: _____
Trash: <u>Ø</u>	phone #: _____
Natural Gas: <u>Ø</u>	phone #: _____
Phone Company: <u>Ø</u>	phone #: _____
Propane: <u>Ø</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.  
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**CONCERNING THE PROPERTY AT** 1022 CR 134  
Columbus, TX 78934

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

- (1) Type of Treatment System: ☒ Septic Tank ☐ Aerobic Treatment ☐ Unknown  
☐ conventional
- (2) Type of Distribution System: field lines ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: tanks behind house ☐ Unknown
- (4) Installer: \_\_\_\_\_ ☒ Unknown
- (5) Approximate Age: 1994 ☐ 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.

**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  
Gene T. Carroll

4/27/17

Date



Signature of Seller  
Enola G. Carroll

4/27/17

Date

Receipt acknowledged by:

Signature of Buyer

Date

Signature of Buyer

Date

**T-47 RESIDENTIAL REAL PROPERTY AFFIDAVIT**  
**(MAY BE MODIFIED AS APPROPRIATE FOR COMMERCIAL TRANSACTIONS)**

Date: \_\_\_\_\_

GF No. \_\_\_\_\_

Name of Affiant(s): Gene T. Carroll, Enola G. Carroll

Address of Affiant: 123 Carroll Road, Wharton, TX 77488

Description of Property: A- 605 S M Williams 20.00 acres house, garage and farm buildings - 1022 CR 134, Columbus 78934  
County Colorado, Texas

"Title Company" as used herein is the Title Insurance Company whose policy of title insurance is issued in reliance upon the statements contained herein.

Before me, the undersigned notary for the State of Texas, personally appeared Affiant(s) who after by me being sworn, stated:

1. We are the owners of the Property. (Or state other basis for knowledge by Affiant(s) of the Property, such as lease, management, neighbor, etc. For example, "Affiant is the manager of the Property for the record title owners."): owners

2. We are familiar with the property and the improvements located on the Property.

3. We are closing a transaction requiring title insurance and the proposed insured owner or lender has requested area and boundary coverage in the title insurance policy(ies) to be issued in this transaction. We understand that the Title Company may make exceptions to the coverage of the title insurance as Title Company may deem appropriate. We understand that the owner of the property, if the current transaction is a sale, may request a similar amendment to the area and boundary coverage in the Owner's Policy of Title Insurance upon payment of the promulgated premium.

4. To the best of our actual knowledge and belief, since August 23, 1990 there have been no:

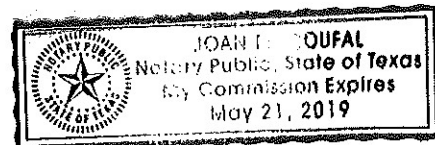
- a. construction projects such as new structures, additional buildings, rooms, garages, swimming pools or other permanent improvements or fixtures;
- b. changes in the location of boundary fences or boundary walls;
- c. construction projects on immediately adjoining property(ies) which encroach on the Property;
- d. conveyances, replattings, easement grants and/or easement dedications (such as a utility line) by any party affecting the Property.

EXCEPT for the following (If None, Insert "None" Below): Home, garage, cross fencing, pond, pole barn, RV cover, lean-to, pens, outbuildings.

5. We understand that Title Company is relying on the truthfulness of the statements made in this affidavit to provide the area and boundary coverage and upon the evidence of the existing real property survey of the Property. This Affidavit is not made for the benefit of any other parties and this Affidavit does not constitute a warranty or guarantee of the location of improvements.

6. We understand that we have no liability to Title Company that will issue the policy(ies) should the information in this Affidavit be incorrect other than information that we personally know to be incorrect and which we do not disclose to the Title Company.

Gene T. Carroll  
Gene T. Carroll  
Enola G. Carroll  
Enola G. Carroll



SWORN AND SUBSCRIBED this 27<sup>th</sup> day of April, 2017  
Joan E. Doufal  
Notary Public

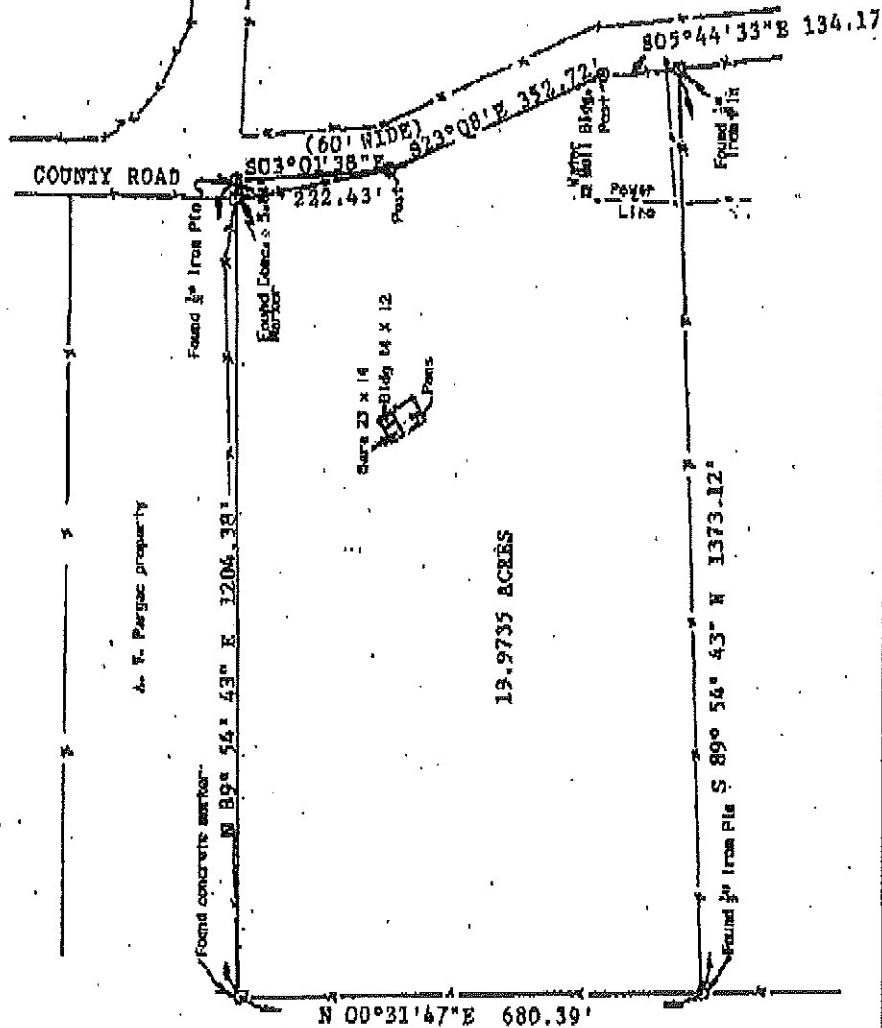
(TAR-1907) 02-01-2010

Page 1 of 1



COLORADO COUNTY, TEXAS  
SAMUEL E. WILLIAMS SURVEY  
ABSTRACT NO. 403  
SCALE 1" = 200'  
AUGUST 23, 1990

LEONARD W. FRANK  
COUNTY SURVIVOR OF COLORADO COUNTY, TEX.  
REGISTERED PROFESSIONAL LAND SURVEYOR  
REGISTRATION NO. 1669



05/16/2005 09:13 7450478

PAGE 04

## STATE OF TEXAS

## COUNTY OF COLORADO

FIELD NOTES of a survey of a 19.9735 acre tract of land. Being all that certain tract or parcel of land lying and situated in Colorado County, Texas, out of the Samuel M. Williams Survey, Abstract No. 605. Said 19.9735 acres of land being all that certain 20.00 acres described in a deed from Carl Albert Milantz and Allen Ray Milantz to Kenneth D. Frantz, dated March 24, 1982, recorded in Volume 445, Page 10- of The Deed Records of Colorado County, Texas, to which reference is made for all purpose and the said 19.9735 acres being described by metes and bounds as follows, TO-WIT:

BEGINNING at a  $\frac{1}{4}$  inch iron pin set for Northeast corner of said 20.00 acre tract, said iron pin being also in West right of way line of a county road, said iron pin being also N 89° 54' 43" E 5.84 feet from a concrete marker;

THENCE following present fence line, the West right of way line of said county road along the following courses and distances: S 03° 01' 38" E 222.43 feet, S 23° 08' E 352.72 feet, S 05° 44' 33" E 134.17 feet to a  $\frac{1}{4}$  inch iron pin set for Southeast corner of said 20.00 acre tract;

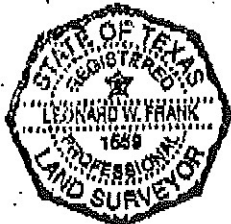
THENCE S 89° 54' 43" W a distance of 1373.12 feet with present fence line, the South boundary line of said 20.00 acre tract to a  $\frac{1}{4}$  inch iron pin found for corner;

THENCE N 00° 31' 47" E a distance of 680.39 feet with present fence line, the West boundary line of said 20.00 acre tract to a concrete marker found for Northwest corner of said 20.00 acre tract;

THENCE N 89° 54' 43" E a distance of 1204.38 feet with North boundary line of said 20.00 acre tract to place of beginning, containing 19.9735 acres of land, as surveyed by Leonard W. Frank, County Surveyor of Colorado County, Texas, and Registered Professional Land Surveyor, Registration No. 1669.

I, Leonard W. Frank, Registered Professional Land Surveyor of Colorado County, Texas, do hereby certify that I did survey on the ground the above described tract of land and to the best of my knowledge and belief the said description is true and correct.

IN WITNESS THEREOF, my hand and seal, this the 27th day of August, 1990.



LEONARD W. FRANK  
COUNTY SURVEYOR OF COLORADO COUNTY, TEXAS  
REGISTERED PROFESSIONAL LAND SURVEYOR  
REGISTRATION NO. 1669

05/16/2005 09:13 7458478

PAGE 02

State of Texas  
**WATER WELL REPORT**  
ATTENTION OWNER: Confidentiality Printings (Name on Reverse Side)

Texas Water Well Drillers Board  
P.O. Box 13087  
Austin, Texas 78711

1) OWNER: **KENNETH FRANTA** (Name) Address: **13510 Leadwick** (Street or RFD) **Houston** (City) **TX** (State) **77041** (Zip)

2) LOCATION OF WELL: County: **Colorado** (County) **4** (Miles in) **North** (N.E., S.W., etc.) direction from **Rock Island** (Town)

Driller must complete the legal description to the right with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter or Half-Section Texas County General Highway Map and attach the map to this form.

☐ Legal description:  
Section No. \_\_\_\_\_ Block No. \_\_\_\_\_ Township \_\_\_\_\_  
Abstract No. \_\_\_\_\_ Survey Name \_\_\_\_\_  
Distance and direction from two intersecting section or survey lines \_\_\_\_\_

☐ See attached map.

3) TYPE OF WORK (Check all):  
☐ New Well ☐ Deepening ☐ Domestic ☐ Industrial ☐ Monitor ☐ Public Supply  
☐ Reconditioning ☐ Plugging ☐ Irrigation ☐ Test Well ☐ Injection ☐ Other \_\_\_\_\_

4) PROPOSED USE (Check all):  
☐ Domestic ☐ Industrial ☐ Monitor ☐ Public Supply  
☐ Irrigation ☐ Test Well ☐ Injection ☐ Other \_\_\_\_\_

5) DRILLING METHOD (Check all):  
☐ Mud Rotary ☐ Air Hammer ☐ Jetted ☐ Sored  
☐ Air Rotary ☐ Cable Tool ☐ Other \_\_\_\_\_

6) WELL LOG:  
Date Drilling: **5-3-89** (Month) **19** (Year)  
Completed: **19** (Year)

DIAMETER OF HOLE:  
Dia. (in) From (ft) To (ft)  
**3 1/2** Surface **150**

7) BOREHOLE COMPLETION:  
☐ Open Hole ☐ Straight Well ☐ Underreamed  
☐ Gravel Packed ☐ Other \_\_\_\_\_  
If Gravel Packed give interval from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

8) CASING, BLANK PIPE, AND WELL SCREEN DATA:

From (ft)	To (ft)	Description and color of formation material	Dia. (in)	Material Used	Steel, Plastic, etc. Part, Blotted, etc. Screen Mat. (if commercial)	Screen (ft)	Gate (ft)
0	3	Topsoil					
3	10	Red Sand					
10	39	Sand	4	H	PLASTIC	0	140
39	59	Gravel	4	H	Plastic Rod Base	140	150
59	79	Shale					
79	119	Clay					
119	150	Sand					

9) CEMENTING DATA (Rule 318.44(b))  
Cemented from **0** ft. to **15** ft. No. of Sacks Used **15**  
Method used: **Slurry** No. of Sacks Used \_\_\_\_\_  
Cemented by: **ACHNS**

10) SURFACE COMPLETION  
☐ Spaced Surface Slab Installed (Rule 318.44(b))  
☐ Paved Access Used (Rule 318.44(d))  
☐ Approved Alternative Procedure Used (Rule 318.71)

11) WATER LEVEL  
Static Level: **100** ft. Below land surface Date: **5-3-89**  
Artesian Flow \_\_\_\_\_ gpm. Date \_\_\_\_\_

12) PACKERS: Type **Formation** Depth **15 ft**  
**140**

13) TYPE PUMP:  
☐ Turbine ☐ Jet ☒ Submersible ☐ Cylinder  
☐ Other \_\_\_\_\_  
Depth to pump bowl, cylinder, jet, etc. \_\_\_\_\_ ft.

14) WELL TESTS:  
Type Test: ☐ Pump ☐ Sealer ☐ Sealed ☐ Estimated  
Yield: **20** gpm with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

15) WATER QUALITY:  
Did you knowingly penetrate any area which contained undesirable water? ☐ Yes ☒ No  
If yes, submit "NOTIFICATION OF UNDESIRABLE WATER"  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Was a chemical analysis made? ☐ Yes ☒ No

I have by hereby stated this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief. I understand that failure to complete items 1 thru 15 will result in the legal action required for completion and reimbursement.

16) COMPANY NAME: **AUSTON CO. WATER WELL SERVICE, INC.** 8856768  
Address: **13510 Leadwick** (Street or RFD) **Houston** (City) **TX** (State) **77041** (Zip)  
Address: \_\_\_\_\_ (Street or RFD) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
(Signed) \_\_\_\_\_ (Registered Driller/Trainer)  
Please attach electric log, chemical analysis, and other pertinent information, if available. For TWB use only  
Well No. \_\_\_\_\_  
Locust 811 map \_\_\_\_\_

WHO-012 (Rev. 01-28-87)

WELL OWNER'S COPY