



TEXAS ASSOCIATION OF REALTORS®

INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT 750 FM 473
Comfort, TX 78013-3625

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

- (4) Installer Bobby Georg Construction, Inc. ☐ Unknown
- (5) Approximate Age: 12 years ☐ 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: Black Creek Products, LLC
Phone: 830-995-3189 contract expiration date: 4-10-2017
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? 4-10-15
- (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.

(TAR-1407) 1-7-04

Initialed for Identification by Buyer _____, _____ and Seller dh, ah Page 1 of 2

Travis Shaw Realty, 710 Shadylon Ln McQueeney, TX 78006
Phone: (830)377-0901

Fax: (800) 967-6038

Richmond Frasier


750 Hwy 473

Produced with ZipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

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.



2/1/17

Signature of Seller
Date

Don Huston



2/1/17

Signature of Seller
Date

Alice Huston

Receipt acknowledged by:

Signature of Buyer
Date

Signature of Buyer
Date

Aerobic Septic System Inspection Report

Submitted by:

Bobby Georg Construction, Inc.

30845 Georg Rd.
Bulverde, TX 78163
Phone: (830) 438-2640
Fax: (830) 438-3110
Contact: Bobby Georg

Installation Date: 5/23/2003

Scheduled Report

Permit Number: S-6124

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every 4 months.

Date of inspection visit: 9/26/2003

2. System inspected:

Owner: Don Huston

System Name: Primary

Property Address: 750 FM 473

Serial Num: 15690

City, State., ZipCode: Boerne, TX 78006

Model Num: 500AN

Inspected by: Wayne Cummings

| Inspected Item | (Signature) | | |
|-------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| | Operational | Inoperative | Not Applicable |
| Aerators | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Filters | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Irrigation Pumps | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recirculation Pumps | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Disinfection Device | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chlorine Supply | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical Circuits | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Distribution System | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sprayfield Vegetation/Seeding | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Item (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Repairs to system (list all components replaced):

4. Tests required and results:

| Test | Required Check if YES | Results mg/l, mpn/100 ml, or trace | Test Method |
|------------------------|--------------------------|---------------------------------------|----------------|
| BOD (Grab) | <input type="checkbox"/> | | |
| TSS (Grab) | <input type="checkbox"/> | | |
| Cl ₂ (Grab) | <input type="checkbox"/> | | |
| Fecal Coliform | <input type="checkbox"/> | | |

5. Comments:

no power to panel



HOOT LIMITED WARRANTY AND REGISTRATION

HOOT Aerobic Systems, Inc.

2885 Highway 14 East Lake Charles, Louisiana 70607

(337) 474-2804 phone (337) 477-7904 fax

NO GENERAL WARRANTY: HOOT AEROBIC SYSTEMS, INC. DISCLAIMS ANY AND ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, AND **EXPRESSLY DISCLAIMS THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.**

HOOT LIMITED WARRANTY: HOOT Aerobic Systems, Inc. ("HOOT") warrants faulty workmanship or construction of the HOOT treatment system for three (3) years from the date of purchase, subject to the following condition: If HOOT determines that the fault in workmanship or construction of the HOOT treatment system is not the result of improper installation, improper maintenance, failure to service, natural disaster, an act of God (including flood, lightning or fire ants), or tampering by any means, then, at HOOT's discretion, HOOT has the right to provide a replacement for such faulty component. The faulty component will be replaced with a rebuilt or new component to the Service Provider for the first three (3) years from the date of purchase. This Warranty extends to the HOOT Service Provider ONLY. During the initial 2 year service policy, the component will be replaced at no charge. During the third year, components will be provided only to a qualified HOOT Service Provider at no charge, however any and all installation charges will be the responsibility of the homeowner. All warranties are null and void if the system is not maintained under continual service contract.

SOLE REMEDY

SH. 15690
INNY.

HOOT's liability for any accident, injury, or damage to any person or property shall be limited to the purchase price of the HOOT Aerobic Treatment System. HOOT is not and shall not be liable for any incidental or consequential damages or injury, regardless of fault, to any person or property resulting from misdesign or mismanufacture of the HOOT Aerobic Treatment System, failure to warn, failure to label, or inadequate instructions in the manual. This clause is effective to the full extent allowed by law and shall be void where prohibited.

WARRANTY REGISTRATION

FOR THE ABOVE WARRANTY TO BE EFFECTIVE, THE HOMEOWNER AND ANY USER ATTEMPTING TO CLAIM ANY RIGHT UNDER THIS WARRANTY MUST COMPLETE THIS FORM AND RETURN A SIGNED COPY TO HOOT WITHIN THIRTY (30) DAYS FROM THE DATE OF INSTALLATION. The cost of pumping or cleaning of any component or compartment of the sewage treatment system, which becomes necessary for causes other than malfunction of the equipment, is the responsibility of the homeowner.

By signing this Service Policy, the Home Owner and the Service Provider agree to the terms of this policy. HOOT is not responsible for service, it is the SERVICE PROVIDER indicated below.

HOME OWNER

Don Huston

Name

750 Fm 473

Address

Boerne TX 78006

City

830 995 2661

Phone

Don M. Huston

Signature of Home Owner

WARRANTY SERVICE PROVIDER

Bobby Georg Construction

Name of Service Company Representative

30845 Georg

Address

Boerne TX 78163

City

830 438 2640

Phone

Bobby Georg

Signature of Service Provider and License #

250277



TREATMENT SYSTEM INITIAL SERVICE POLICY

This Service Policy ("Agreement") entered into this 21 day of May, 2003, by and between Don Huston ("Home Owner") and Bobby Georg ("Service Provider")

Service Provider agrees to operate and maintain the Hoot Aerobic System located at 150 Fm 473, Beane TX 78006, (legal description only) Permit # 5-6124, for the period of two (2) years beginning 5-21-03 and ending 5-21-05, pursuant to the terms below:

This Agreement will provide for all required inspections, testing and service of your HOOT Aerobic Treatment System. Service Provider and Home Owner agree to the following:

1. Service Provider shall perform 3 inspections a year/service calls (at least one every 4 months), for a total of 12 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.
2. Such inspections shall include 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.
3. If any improper operation is observed by Service Provider, which cannot be corrected at the time of the service visit, Home Owner will be notified immediately in writing of the conditions and estimated date of correction.
4. Home Owner agrees to maintain 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 inspection by Service Provider, if the system needs chlorine tablets the Service Provider will add them and charge the Home Owner.
5. In the event that the Home Owner fails in their responsibility to add the chlorine tablets, it shall be considered a breach of this Agreement and the Home Owner's duties as agreed to in the Hoot Homeowners Manual. Additionally, such failure may be considered an unlawful act in some jurisdictions, and Service Provider will contact the appropriate governmental authorities to report such violation.
Initials of Service Provider BM Initials of Homeowner dh
6. Home Owner agrees to maintain a factory authorized service provider for the lifetime of the system, as required by state law applicable to aerobic systems. Service Provider agrees to make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection, maintenance and repair.
7. Service Provider agrees that within 48 hours of a request for service (weekends and holidays excluded), Home Owner's 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.
8. Any additional visits, inspections or sample collections required by specific Municipalities, Water/River Authorities, County Agencies the State or any other regulatory agency in your jurisdiction will be covered by this Agreement.

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

Home Owner agrees that HOOT Aerobic Systems, Inc. is not a party to this Agreement, and shall bear no responsibility for service or any terms, obligations, or duties contained herein.

HOME OWNER

Name Don Huston
Address 150 Fm 473
Beane TX 78006 Kendall Co.
City Beane
Phone (830) 995-2661
Signature of Home Owner Don M. Huston

SERVICE PROVIDER

Name of Service Company Representative Bobby Georg Construction
Address 30845 Georg
Bulverde TX 78163
City Bulverde
Phone (830) 438-2640
Signature of Service Provider and License # Bobby Georg 250277

THIS BOX MUST BE COMPLETED BY THE SERVICE PROVIDER

HOOT Model # 500 Blower/Panel Serial # 15690 HOOT Mold # 400 H500 150

Block Creek Concrete Products
444A Old Hwy No 9
Comfort, Tx 78013

Phone (830) 995-3189
Fax (830) 995-4051

Site Address:

750 Fm 473
Comfort Tx

Homeowner Name:

Don Huston

ID Number: 3224

Inspection Type: Scheduled Inspection # 3 Of 3

| Item | Operational | Inoperative | N/A |
|-------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Aerator: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Irrigation Pump: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Air Compressor: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disinfection Device: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chlorine Supply: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spray Field Vegetation: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drip Field Backwash: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Auto Dialer: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Water Meter Reading: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Water Pressure Reading (Drip) Before- _____ After- _____

Test Results and Observations: (As Required)

| | | |
|--------------------|-------------|-------------------|
| Fecal Coliform: | _____ | Sludge Level |
| Chlorine Residual: | <u>0.2</u> | Tank 1 <u>20"</u> |
| Test Method: | <u>Grab</u> | Tank 2 <u>0"</u> |
| BOD: | _____ | Tank 3 <u>0"</u> |
| TSS: | _____ | |
| Commercial Lab: | _____ | |
| Date Submitted: | _____ | |

Repairs Made: Y / N

Repairs and Comments:

Tank 4 lid secured, cleaned compressor filter

Inspector Alex Date: 12/20/16

Block Creek Concrete Products, LLC
444 A Old Hwy No 9
Comfort, TX 78013

Phone: (830) 995-3189
Fax: (830) 995-4051

To: Don Huston
750 FM 473
Comfort, TX 78013

Site: 750 FM 473
Comfort, TX 78013
(830) 995-2661

| | |
|--|---|
| Permit #: | Customer ID: 3224 |
| Agency: Kendall County Sanitation | Contract Dates: 4/10/2016 - 4/10/2017 |
| County: | Scheduled Date: 8/10/2016 Inspection 2 of 3 |
| Mfg / Brand: - Hoot | |
| Treatment Type: Aerobic With Chlorine System S/N: 500AN | Aerator S/N: 15690 |
| Disposal: Surface Application | GPS Coordinates - Latitude: 29.99605 Longitude: -98.78471 |

Service Type: Scheduled Inspection

Visit Date: 8/30/2016

Method: Grab

Technician: Alejandro Gonzalez

Maint. Provider: Ryan Seidensticker

☒ This counts as a type of "Scheduled Inspection"
Entered By: Alejandro Gonzalez

Aerators: Operational
Filters: Operational
Irrigation Pumps: Operational
Disinfection Device: Operational
Chlorine Supply: Operational
Chlorine Residual: 0.1 mg/L

Sludge Levels
For Tank 1: 24
For Tank 2: n/a
For Tank 3: 2

Tank Lid / Riser: Secured

Electric Circuits: Operational
Distribution System: Operational
Sprayfield Veg: Operational

Color: Good
Odor: Good

Alarm: Operational

Comments

☒ **Service Completed**

- Tank Lid was noted as Secured prior to leaving. 0" of scum in pretreatment. Could not get access to clarifying chamber and compressor due to weeds being overgrown. - Secured system in the on position with a lock bolt.

Provider: *Ryan Seidensticker*

License: MP0001708

Expires: 4/30/2017

Insp ID #:40301
Printed: 8/30/2016

Alejandro