



TEXAS ASSOCIATION OF REALTORS®

INFORMATION ABOUT ON-SITE SEWER FACILITY

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153 McAllister Road
Bastrop, TX 78602

CONCERNING THE PROPERTY AT

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

- (1) Type of Treatment System: ☒ Septic Tank ☐ Aerobic Treatment ☐ Unknown
☐ _____
- (2) Type of Distribution System: DRAIN FIELD ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: S/E; OUTSIDE FENCE ☐ Unknown

- (4) Installer: LONNIE WILHELM ☐ Unknown
- (5) Approximate Age: 20 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: _____
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 ☐ _____
NONE AVAILABLE
- (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 SK, sek Page 1 of 2

RE/MAX Bastrop Area, 87 Loop 150 West Bastrop, TX 78602
Phone: 512.921.9134

Fax: 512.366.9613

Janis Penick

karr

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.



Signature of Seller
Gary J. Karr

7-5-14

Date



Signature of Seller
Shirley Karr

7-5-14

Date

Receipt acknowledged by:

Signature of Buyer

Date

Signature of Buyer

Date

BASTROP COUNTY
DEPT. OF HEALTH & SANITATION
P. O. BOX 802
BASTROP, TEXAS 78602

**APPLICATION FOR PRIVATE
SEWAGE FACILITY LICENSE**

\$ 110.00 FEES ENCLOSED FOR: ☒ APPLICATION. ☐ INSPECTION. ☐ PERCOLATION TESTS. 1100 R 50837

To the Bastrop County Department of Health & Sanitation:

I hereby make application for a Permit to construct and a License to operate a private sewage system as required by County Ordinance and approved by Texas Water Quality Board Resolution No. 75-R-6, October 29, 1975.

(ALL INFORMATION BELOW MUST BE COMPLETED FOR A PERMIT OR LICENSE)

Property Owner's Name: LISTBERGER MARGARET M
(LAST) (FIRST) (MIDDLE)

Permanent Mailing Address: 2819 Foster Lane #204 AUSTIN TX 78757-1129
(NUMBER and STREET, or BOX) (CITY) (STATE and ZIP CODE)

Telephone Numbers: _____
(HOME) (BUSINESS)

Location of Property: BASTROP, TX Bastrop
(COUNTY)

IF located in a Subdivision: PINE FOREST, PHASE III / 11 / 3 / 4 and 5
(NAME OF SUBDIVISION) (SECTION No.) (BLOCK No.) (LOT No.)

IF NOT in a Subdivision: go 3/10 of mile down 191 - 2 lots across
(DESCRIBE LOCATION OF PROPERTY AND ATTACH A MARKED MAP, AERIAL PHOTOGRAPH OR

from water tower.
SKETCH SHOWING ACCESS ROADS, LANDMARKS AND APPROXIMATE DISTANCES:

(USE OF PROPERTY)

TYPE DWELLING: (Check one) ☒ HOUSE. ☐ MOBILE HOME/HOUSE TRAILER ☐ OTHER (Describe on back)

AVERAGE NO. OCCUPANTS: 1 DAYS PER YEAR PLUMBING USED: 365

SOURCE OF WATER SUPPLY: ☒ SUBDIVISION SYSTEM. ☐ WATER DISTRICT. ☐ WELL. ☐ _____

ALL APPLICANTS please write TOTAL numbers of items below, and leave blank for "none"							
1. BEDROOMS	<u>3</u>	4. LAVATORIES		7. KITCHEN SINKS	<u>1</u>	10. GARBAGE DISPOSER	<u>1</u>
2. COMMODES	<u>2</u>	5. SHOWERS		8. CLOTHES WASHERS	<u>1</u>	11. GREASE TRAP	
3. URINALS		6. BATHTUBS /shower	<u>2</u>	9. AUTOMATIC DISH WASHER	<u>1</u>		

(SEWAGE SYSTEM INFORMATION)

SEPTIC TANK INFORMATION	ABSORPTION FIELD INFORMATION
1. Number of Separate Systems at This Location: <u>1</u> NOTE: If more than one system, give same information, as below, for tank and field on back of this form.	1. Nearest Water Well or Cistern Distance: <u>0</u> Feet
2. Nearest Water Well or Cistern Distance: <u>0</u> Feet	2. Type Field: ☒ Trench or ditch system ☐ Absorption Bed System
3. Distance to an Organized Sewer Collection System Line: _____ Feet	a. Trench <u>24</u> / <u>36</u> inches X (Dp) <u>18</u> / <u>36</u> inches X (Total Lg.) <u>750</u> Sq. Ft.
4. Tank Capacity: <u>1000</u> Gallons.	(OR)
5. _____	b. Bed Bottom <u>20</u> Ft. X (Lg.) <u>30</u> Ft. <u>1200</u>
6. Number of Tank Compartments: <u>2</u>	Minimum Total Size: <u>750</u> Sq. Ft.
7. Name the Installer: <u>Lorrie Wilkell</u>	Washed rock or gravel shall be 1 1/2-2 1/2 in.
8. Tank Made of: ☐ FIBERGLASS (check one) ☒ PREFAB. CONCRETE ☐ CONCRETE POURED IN PLACE, give size below: " (Wd) _____ Ft. X (Lg) _____ Ft. X (Dp) _____ Ft.	☒ Sandy loam back fill Required
☐ Other: _____	PLEASE DRAW A LAYOUT AND DIMENSIONS OF YOUR PROPERTY AND SEWAGE SYSTEM, ETC. ON BACK OF THIS SHEET OR ATTACH A COPY OF THE INSTALLER'S PLAT.

AUTHORIZATION is hereby given to the Bastrop County Department of Health & Sanitation, Texas Water Quality Board, the Texas State Department of Health, and to their agents or designees, singularly or jointly, to enter upon the above described property during daylight

hours for the purpose of making soil percolation tests, inspecting private sewage systems, or for any reason consistent with the water quality program of the Texas Water Quality Board, the Texas State Department of Health and the Bastrop County Department of Health & Sanitation.

Mail this completed form, with Fees, to:
DEPT. OF HEALTH & SANITATION
P. O. BOX 802
BASTROP, TEXAS 78602

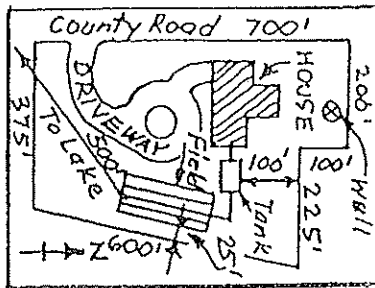
Margaret Listberger
(SIGNATURE OF APPLICANT)

DATE: September 23, 19 92

LAYOUT SPACE

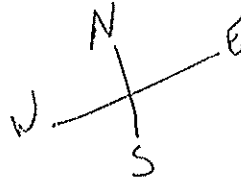
For Property Outline, Size and Improvements Location.

EXAMPLE



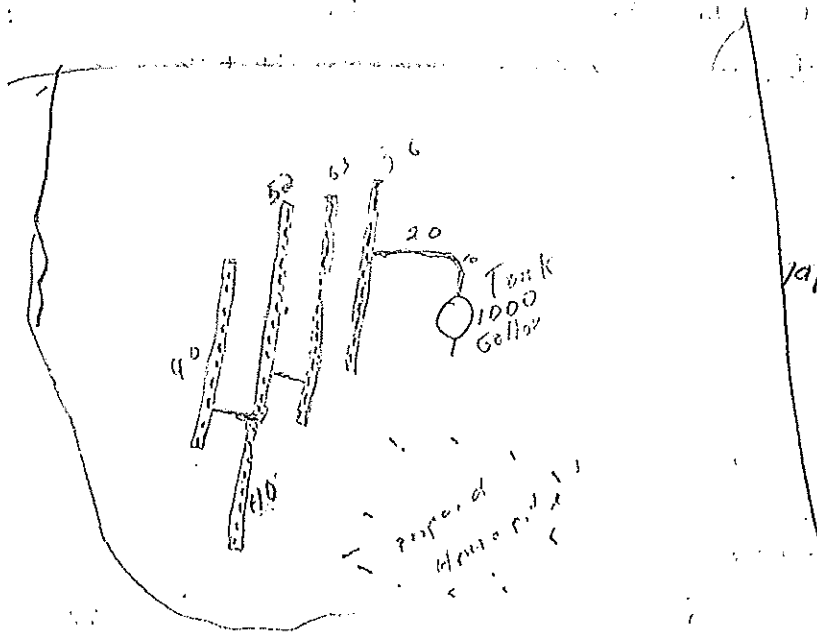
In addition to other information requested on other side, please indicate:

1. Direction of North at property.
2. Direction and Distance from Field to nearest Lake Shoreline.

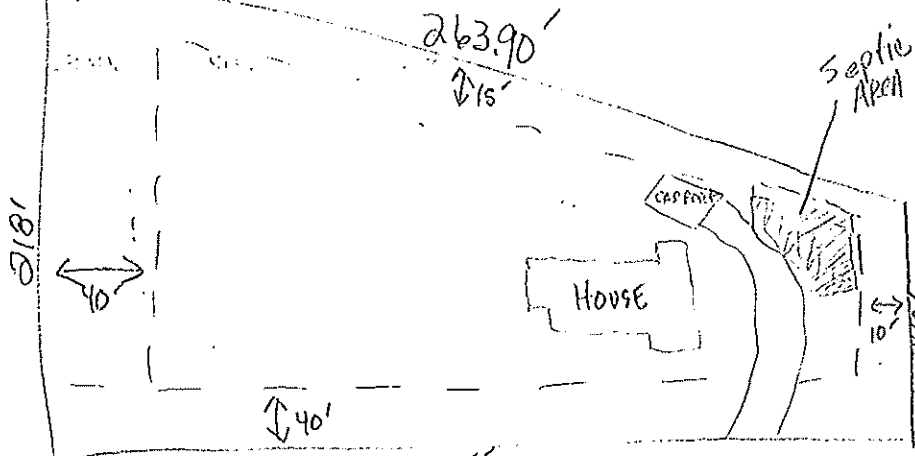


HIGHWAY 71

2-4-92 Property doesn't have dwelling



County RD 191



PINE SHADOWS LANE

FOR OFFICE USE ONLY

APPLICATION NUMBER

7786

Percolation Rate

5-10 min./in.

Forms Mailed

1108

1109

Prior Inspection

Date 10-05-92

Soil Condition

Steady Clay Gravel

Slope of Area

- () Flat
() Sloping 1/8"-1"/ft.
(X) Steep 1"/ft. & over

Final Inspection

Date 9-15-93

Septic Tank: 1000 gals.

(X) Approved As

() Modified Approved

() Disapproved

Absorption Field:

(X) Trench Sq. Ft.

() Bed Sq. Ft.

(X) Approved As

() Modified Approved

() Disapproved

9-4-93 2nd Insp

9-12-93 4th

