

## 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. ©Texas Association of REALTORS®, Inc., 2004

СО	NCERNING THE PROPERTY AT		1661 FM 535 Smithville, 78957	
Α.	DESCRIPTION OF ON-SITE SEV	WER FACILITY ON	PROPERTY:	
	(1) Type of Treatment System:	Septic Tank	Aerobic Treatment	Unknown
	(2) Type of Distribution System: _	drain fi	elds	Unknown
	(3) Approximate Location of Drain	is the sou	ith lenced town	Unknown
	(4) Installer:			
	(5) Approximate Age:		***************************************	🔄 Unknown
В.	MAINTENANCE INFORMATION	:		
		contractor: contract expire in effect to operaterer last pumped?  or malfunction in the	ration date:e aerobic treatment and certain real an	non-standard" on-site
	(4) Does Seller have manufacture	•		Yes 4LNo
C.	PLANNING MATERIALS, PERM			
	(1) The following items concerning planning materials per maintenance contract	g the on-site sewer in mit for original instantant in manufacturer inform	facility are attached: allation  final inspection when ation  final inspection when ation	OSSF was installed
	(2) "Planning materials" are the submitted to the permitting au		als that describe the on-site se tain a permit to install the on-site	
	(3) It may be necessary for a transferred to the buyer.	a buyer to have	the permit to operate an on	-site sewer facility
(TAF	:-1407) 1-7-04 Initialed for Ide	ntification by Buyer	,and Seller <u>AU</u>	Page 1 of 2

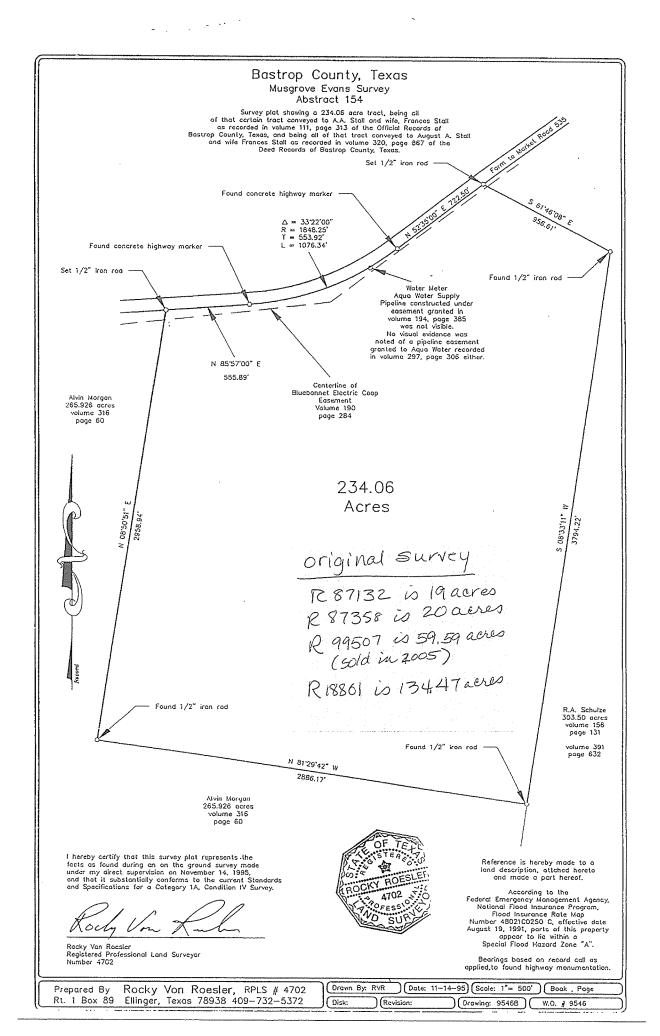
RE/MAX Bastrop Area 87 Loop 150 West Bastrop, TX 78602 Phone: 512.921.9134 Fax: 512.366.9613 D. INFORMATION FROM GOVERNMENTAL AGENCIES: Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas 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>	Usage (gal/day) without water- saving devices	Usage (gal/day) with water- <u>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.

Questa ( Frenk	·	Disamber &	1914 News
Signature of Seller	Date	Signature of Seller	Date
Quentin J. Franks		Susan W. Franks	
Receipt acknowledged by:			
Signature of Buyer	Date	Signature of Buyer	Date

9///	
DATE 10/29/96 BASTROP COUNTY (9/	
MOUNT 350 DEPARTMENT OF HEALTH & SANITATION APPLICATION NUMBER P. O. BOX 802	
RECINCT BASTROP, TEXAS 78602	
(512)321-5433 $(8798)$	
APPLICATION FOR ON-SITE SEWERAGE FACILITY 1661 FM 535 NEW CONSTRUCTION OR MODIFICATION	
PROPERTYOWNER: Lilmon Billy L.	
MAILING ADDRESS: 2+1 BOW/29A (FIRST)	
DIRECTIONS: South on 304 left on 535, So 3 Miles - Roch entrence	ļ
n right, new home make from road	
TELEPHONE NUMBER: DAY EVENING PROPERTY DESCRIPTION:	
UBDIVISION:	
INIT/PHASTSECTIONBLOCKLOTS	
OR _	
SURVEY MUSTINE ENERS SULVEY ABSTRACT 154 ACREAGE 23406	
ATTACH A COPY OF YOUR SURVEY AND A LOCATION MAP TO THE PROPERTY)  SOURCE OF WATER: WELL PUBLIC WATER SUPPLY (NAME) ATTACHMENTS	
SINGLE FAMILY RESIDENCE:  NO. OF BEDROOMS 2 BATHS 2 LIVING AREA (SQ.FT.) 2627 F  NO. OF BEDROOMS 0 RIMPROVEMENT TO AN EXISTING STRUCTURE  NOUSE MOBILE HOME OTHER  SESTIMATED COST OF CONSTRUCTION (OF THE STRUCTURE NOT LAND OR SEPTIC): #/62,520.	
COMMERCIAL/INSTITUTIONAL (TYPE): NO	
(INCLUDING MULTI-FAMILY RESIDENCES)	)
NO. OF EMPLOYEES/OCCUPANTS/UNITS: DAYS PER WEEK SITE - DUIT SFR	
STIMATED MAXIMUM DAILY WATER CONSUMPTION (GPD):	
0. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET: YES, HOW FAR, NO 1. ENGINEER (IF APPLICABLE):	
2. INSTALLER Glenn Gardner	
PLEASE READ AND ACKNOWLEDGE:  CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST TO MY KNOWLEDGE. AUTHORIZATION IS HEREBY GIVEN TO THE BASTROP COUNTY HEALTH AND SANITATION DEPARTMENT AND THE TEXAS NATURAL RESOURCE CONSERVATION COMMISSION TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PURPOSE OF LOT EVALUATION AND INSPECTION OF ON-SITE SEWERAGE FACILITIES. INDERSTAND THAT THE APPROVAL OF THIS APPLICATION CONSTITUTES AUTHORIZATION OF CONSTRUCTION OF THE ON-SITE SEWERAGE FACILITY AND THAT A PERMIT TO OPERATE THE FACILITY WILL BE GRANTED COLLOWING SUCCESSFUL INSPECTION OF THE INSTALLED SYSTEM WHICH INDICATED THAT THE SYSTEM WAS INSTALLED IN COMPLIANCE WITH THE TEXAS NATURAL RESOURCE CONSERVATION COMMISSION'S CONSTRUCTION STANDARDS FOR ON-SITE SEWERAGE FACILITIES."	
3. Usrley Selmon (0/29/96) (DATE)	



#9611 LTO issued 11/26/1996

.

-

9611	
PPI ICATION NUMBER	

## BASTROP COUNTY HEALTH AND SANITATION SEPTIC INSPECTIONS

APPLICATION NUMBER	SEPTIC INSPECTIONS
PROCOLATION PATE: 15/30 M	INVINCH SOIL TYPE SZILA Clay
SLOPE OF AREA:	01
( ) FLAT	PERFORMED BY: C/co
( OSLOPING 1/8" - 1"/FT.	
( ) STEEP I"/FT & OVER	DATE: 10-31-96
MINUMUM REQUIREMENT:	
TANK SIZE: / O O O GAL	LONS
TRENCH SYSTEM: 750	SQ.FT. BED SYSTEM: 100 SQ.FT.
( ) WASHED SAND TO BE USED	•
LUCANDVIOAMBACK FILL REQUIRE	0
PERMIT TO CONSTRUCT: ( ) GRANTI	ED () DENIED .
COMMENTS:	
COMMISSION	
TOWN CONTON CORENT DITTI	
2. SECOND INSPECTION (OPEN PIL):  PASSED PERFORMED BY:	DATE: //-/2-96. TWO COMPARTMENT SERIES.
PASSED 1000 GALLONS	TWO COMPARTMENT SERIES
TANK SIZE: / 99 0 GALEON	CONCERTE POURED IN PLACE GIVE SIZE BELOW
MAKE OF: ( ) FIBERGLASS ( ) ( ) PREFAB CONCRETE (WD	CONCRETE POURED IN PLACE, GIVE SIZE BELOW )FT. X (LG)FT. X (DP)FT.
TYPE OF SYSTEM: \( \( \sum_{\circ} \)	
TORNOH: 356,25 SQ.I	FT.
SIZE: (MD) 7 FT X (TOTALLG)	// 3/75 (DP) <u>3 (//3 0</u> INCHES
BED:SQ.1	FT .
BED:	(DP)NCHES
SIZE: (WD)FT. X (TOTAL LG) _	
( ) SINGLE BED	(TID) FT X (I G) FT.
( ) SECOND BED	(WD)FT. X (LG)FT. (WD)FT.
( ) THIRD BED	DNAT REDC
( ) SEE COMMENTS FOR ADDITIONAL CONTROL OF THE CONTROL OF	
COMMENTS:	
3. THIRD INSPECTION (ROCK AND PIPE) PASSED PERFORMED BY:	: Oleo DATE: 11-12-96
COMMENTS:	
FOURTH INSPECTION (FINAL COVER)	: 01
PASSED PERFORMED BY:	: O/10 DATE: 11-26-96
COMMENTS:	
* PROFFICIAL CONDUCTION This is	roperty Frontage is on EM. 535
ADDITIONAL COMMENTS. 1077	1