

### 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

<u>co</u>	NCERNING THE PROPERTY AT		113 Summers Court Bastrop, TX 78602						
A.	DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:								
	(1) Type of Treatment System:		- Control of the Cont	Unknown					
	(2) Type of Distribution System:	PVC		Unknown					
	(3) Approximate Location of Drai	n Field or Distributio	on System: SEE ATTACHED	Unknown					
	(4) Installer:			Unknown					
	(5) Approximate Age:			🗹 Unknown					
B.	MAINTENANCE INFORMATION:								
	(1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility?  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 v	vere last pumped? .							
	(3) Is Seller aware of any defect If yes, explain:			Yes No					
	(4) Does Seller have manufacture	er or warranty inforn	nation available for review?	Yes No					
C.	PLANNING MATERIALS, PERM	ITS, AND CONTRA	ACTS:						
	(1) The following items concerning the on-site sewer facility are attached:  planning materials permit for original installation inspection when OSSF was installed maintenance contract manufacturer information warranty information								
	(2) "Planning materials" are the submitted to the permitting au	supporting materia	als that describe the on-site sew otain a permit to install the on-site s	er facility that are ewer facility.					
	(3) It may be necessary for transferred to the buyer.	a buyer to have	the permit to operate an on-s	ite sewer facility					
	-1407) 1-7-04 Initialed for Ide		, and Seller, _	Page 1 of 2					

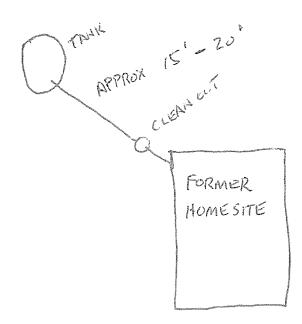
D. INFORMATION FROM GOVERNMENTAL AGENCIES: Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas Commission on Environmental Quality (TCEQ) on 10/24/2002. The table estimates daily wastewater usage rates. Actual water usage data or other methods for calculating may be used if accurate and acceptable to TCEQ.

Facility	Usage (gal/day) without water-	Usage (gal/day) with water-
Facility	saving devices	saving devices
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.

		Almel	3/13/17
Signature of Seller	Date	Signature of Seller	Date
Gwen Syzdek		Brian Syzdek	
Receipt acknowledged by:			
Signature of Buyer	Date	Signature of Buyer	Date

REAR TREELINE



FRONT TREELINE

BASTROP COUNTY
DEPT. OF HEALTH & SANITATION
P. O. BOX 902
BASTROP, YEXAS 78602

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of neotin a sanitation, lexis water quality board, the lexis state Department of Health, and to their agents or designees, singularly or jointly, to enter upon the above described property during daylight

sewage systems, or for any reason consistant with the program of the Texas Water Quality Board, the Texas State Department of Health and the Bastrop County Department of Health & Sanitation.

(SIGNATURE OF APPLICANT) March

Moli this completed form, with Foes. to: DEPT. OF HEALTH & SANITATION P. O. BOX 802 BASTROP, TEXAS 78802

# In addition to other information requested on other For Property Outline, Size and side, please indicate: Improvements Location. 1. Direction of North at property. EXAMPLE. 2. Direction and Distance from Field to nearest Lake Shoreline, County Road FOR OFFICE USE ONLY APPLICATION NUMBER Percolation Rate $\sim$ f\_min./in. Forms Mailed 1108 - Met 1109 Prior Inspection 3-8-85 Date Soil Condition Slope of Area (') Flat ( ) Sloping 1/8"-1"/ft. ( ) Steep 1"/ft. & over Final Inspection Septic Tank: gals. ( Approved As ( ) Modified Approved ( ) Disapproved Absorption Field: ( ) Trench Sq. Ft. Sq. Ft. ( Approved As ( ) Modified Approved ( ) Disapproved

