

INFORMATION ABOUT ON-SITE SEWER FACILITY

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CO	NCERNING THE PROPERTY AT	358 Lower Red Rock Road Bastrop, 78602		
Α.	DESCRIPTION OF ON-SITE SEWER FACILITY ON F	PROPERTY:		
	(1) Type of Treatment System: Septic Tank		Unknown	
	(2) Type of Distribution System: Abちのけいと しん		Unknown	
	(3) Approximate Location of Drain Field or Distribution	System: Rt. yall	Unknown	
	(4) Installer:			
	(5) Approximate Age:		🍇 Unknown	
B.	MAINTENANCE INFORMATION:			
	(1) Is Seller aware of any maintenance contract in effectives, name of maintenance contractor: Phone: Maintenance contracts must be in effect to operate sewer facilities.)	ation date:e aerobic treatment and certain non-	Yes No -standard" on-site	
	(2) Approximate date any tanks were last pumped?		` ` /	
	(3) Is Seller aware of any defect or malfunction in the of the seller, explain:		Yes No	
	(4) Does Seller have manufacturer or warranty information		☐ Yes ဩNo	
C.	PLANNING MATERIALS, PERMITS, AND CONTRAC			
	(1) The following items concerning the on-site sewer far planning materials permit for original instal maintenance contract manufacturer information.	llation 🔲 final inspection when OS	SSF was installed	
	(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 transferred to the buyer.	he permit to operate an on-sit	te sewer facility	
(TAR	R-1407) 1-7-04 Initialed for Identification by Buyer	,,,,,,	Page 1 of 2	

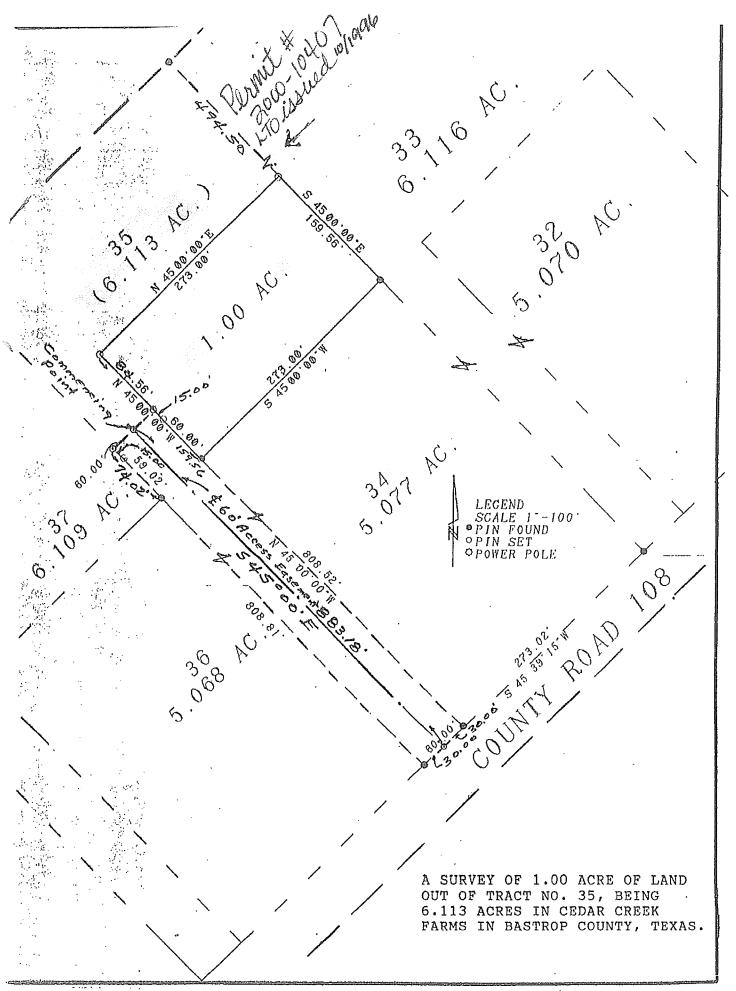
RE/MAX Bastrop Area 87 Loop 150 West Bastrop, TX 78602 Phone: 512.921.9134 Fax: 512.366.9613 D. INFORMATION FROM GOVERNMENTAL AGENCIES: Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas 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.

Signature of Seller Roger L. Van Hauen	3-17-12 Date	Signature of Seller Kristin M. Van Hauen	3-17-12 Date
Receipt acknowledged by:			
Signature of Buyer	Date	Signature of Buyer	Date

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APP	LICAT	M NOI	INBER

BASTROP COUNTY HEALTH AND SANITATION SEPTIC INSPECTIONS

APPLICATION NUMBER
APPLICATION NUMBER SEPTIC INSTECTIONS 1. PERCOLATION RATE: MIN/INCH SOIL TYPE SLOPE OF AREA: PERFORMED BY: DATE: DATE: SOIL TYPE () SLOPING I/8" - 1"/FT. DATE: SOIL TYPE MINUMUM REQUIREMENT: DATE: SOIL TYPE TANK SIZE: SOIL TYPE () STEEP 1"/FT.& OVER DATE: SOIL TYPE MINUMUM REQUIREMENT: DATE: SOIL TYPE MINUMUM REQUIREMENT: SOIL TYPE MINUMUM REQUIREMENT: DATE: SOIL TYPE MINUMUM REQUIREMENT: SOIL TYPE MINUMUM REQUIREMENT: SOIL TYPE MINUMUM REQUIREMENT: DATE: SOIL TYPE MINUMUM REQUIREMENT: SOIL TY
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COMMENTS:
2. SECOND INSPECTION (OPEN PIT): PASSED PERFORMED BY: TANK SIZE: QO GALLONS TWO COMPARTMENT SERIES MAKE OF: () FIBERGLASS () CONCRETE POURED IN PLACE, GIVE SIZE BELOW FT. Y. C. D. F. T. Y. C. D.
MARE OF: () FIBERGLASS () CONSTITUTION () PREFAB CONCRETE (WD)FT. X (LG)FT. X (DP)FT. TYPE OF SYSTEM:SQ. FT.
SIZE: (WD)FT. X (TOTAL LG) INCHES
BED: SQ. FT. SIZE: (WD) 20 FT. X (TOTAL LG) 50 (DP) 1NCHES () SINGLE BED (WD) 20 FT. X (LG) 5 FT. () THIRD BED (WD) FT. X (LG) FT. () SEE COMMENTS FOR ADDITIONAL BEDS COMMENTS:
3. THIRD INSPECTION (ROCK AND PIPE): PASSED PERFORMED BY: TO CO. DATE: 0-17-
COMMENTS:
PASSED PERFORMED BY: DATE: 10-25-96
COMMENTS:
ADDITIONAL COMMENTS:

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