

TEXAS ASSOCIATION OF REALTORS®

INFORMATION ABOUT ON-SITE SEWER FACILITY

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| CONCERNING THE PROPERTY AT 101 Reynolds Court Bastrop, TX 78602 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 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: 2 Fields with 1 Switching value to rotate fields as recoman, Tank to fields for on right of sidedulk in cleared and or side of one when 1/45 in a focusted | Unknown |
| | Unknown |
| (5) Approximate Age: 24 yrs. | 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-stand | Yes DNo |
| sewer facilities.) | iara orrano |
| (2) Approximate date any tanks were last pumped? 20/0 | |
| (3) Is Seller aware of any defect or malfunction in the on-site sewer facility? If yes, explain: | Yes ZÍNo |
| | |
| (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 we maintenance contract manufacturer information warranty information formation manufacturer. | vas installed |
| (2) "Planning materials" are the supporting materials that describe the on-site sewer faci submitted to the permitting authority in order to obtain a permit to install the on-site sewer face. | |
| (3) It may be necessary for a buyer to have the permit to operate an on-site se transferred to the buyer. | wer facility |
| (TAR-1407) 1-7-04 Initialed for Identification by Buyer, and Seller, | _ 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 | Reynolds |

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.

| — | Usage (gal/day) without water- | Usage (gal/day) with water- |
|-----------------------------------------------------------|-----------------------------------|--------------------------------|
| <u>Facility</u> | 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.

| Ripant 11- | 6-11 | | |
|--------------------------|------|---------------------|------|
| Signature of Seller / | Date | Signature of Seller | Date |
| Cecil Reynolds | | · · | |
| Receipt acknowledged by: | | | |
| Signature of Buyer | Date | Signature of Buyer | Date |

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

| | PLEASE DO NOT Y | VRITE IN THIS B | LÓCK | | |
|----------------|-----------------|-----------------|------|------|---|
| | APPLICATI | ON NUMBER | | | |
| F | 630 | O'SAPA | 22 | 1988 | 1 |
| Rc'cd: | by | Ref: | | | |
| Amount Enclose | eð: \$ | | | | |
| | | | | 77 | |

| APPLICATION FOR PRIVATE SEWAGE FACILITY LICENSE | Rc'cd: by Ref: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| · | NSPECTION: () PERCÓLATION TESTS. |
| To the Bostrop County Department of Health & Sanitation: | |
| I hereby make application for a Permit to construct and a License to approved by Texas Water Quality Board Resolution No. 75-R-6, October | o operate a private sewage system as required by County Ordinance and 9 1975 |
| • | COMPLETED FOR A PERMIT OR LICENSE) |
| Property 2 4 4 10 5 1/15 | Cast |
| Owner's Name: (LAST) | (FIRST) (MIDDLE) |
| Permanent Mailing Address: 9/08 Clear Roul, | (CITY) TSTATE and ZIP CODE: |
| Telephone Numbers:/ | |
| Location of | |
| Property: (Could'y) | |
| a Subdivision: | (SECTION NO.) (BLOCK NO.) (LOT NO.) |
| IF NOT in a Subdivision: | |
| (DESCRIBE LOCATION OF PROPERTY AND | ATTACH A MARKED MAP. AERIAL PHOTOHRAPH OR |
| SKETCH SHOWING ACCESS ROADS. | LANDMARKS AND APPROXIMATE DISTANCES • |
| (USE | OF PROPERTY) |
| TYPE DWELLING: (Check one) () HOUSE. () MOBILE HOME | |
| AVERAGE NO. OCCUPANTS: DAYS PER YEAR PL | |
| | WATER DISTRICT. () WELL. () |
| ALL APPLICANTS please write TOTAL numbers of items below, and I | eave blank for "none" |
| 1. BEDROOMS 4 4 LAVATORIES : 4 | 7. KITCHEN SINKS: / 10. GARBAGE DISPOSER |
| 2. COMMODES 4 5. SHOWERS 3 | 8. CLOTHES WASHERS / 11. GREASE TRAP |
| 3. URINALS 6. BATHTUBS / | 9. AUTOMATIC DISH / WASHER |
| (OFWACE OVER | |
| (SEWAGE STST | EM INFORMATION) |
| CERTIO TANK INCOMMENDA | ABSORPTION FIELD INFORMATION |
| SEPTIC TANK INFORMATION I. Number of Separate Systems at This Location: | 1. Nearest Water Well or Cistern Distance:Feet |
| NOTE: If more than one system, give same information, as below, for tank and field on back of this form. | |
| 2. Nearest Water Well or Cistern Distance:Feet | 2. Type Field: (Trench or ditch system () Absorption Bed System |
| 3. Distance to an Organized Sewer Collection System Line:Feet | a. Trench |
| 4 Tank (2) 5. | Size: (Wd)inches X (Dp)inches X (l'otal Lg.)Ft. (OR) |
| Capacity:Gallons. b. Bed BottomFt. X (Lg.)Ft. | |
| 7. Name the C-RPALR Minimum Total Size: 2600 Sq. Ft. | |
| Washed rock or gravel shall be 1 1/2-2 1/2 in. | |
| 8. Tank Made of: () FIBERGLASS (check one) (X) PREFAB CONCRETE () CONCRETE POURED IN PLACE, give size below: | () Washed sand to be used. () Sandy loam back fill Required |
| °(Wd)Ft. X (Lg)Ft. X (Dp)Ft. | PLEASE DRAW A LAYOUT AND DIMENSIONS OF YOUR PROPERTY |
| () Other: | 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 Elegizatment of Health, and to their agents or designees, singularly or jointly, to exter usen the above described property during daylight | hours for the purpose of making soil percolation tests, inspecting private sewage systems, or for any reason consistant 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 78502 Mite Ligner (SIGNATURE OF APPLICANT)

DATE: 4-22-88

For Property Outline, Size and Improvements Location.

EXAMPLE

County Road 7001

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

