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.

CONCERNING THE PROPERTY AT 830 FM 969 & 136 Earhardt Rd. Bastrop, 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: Directly behind Living Room Door about 30 ft. along the East side of the Driveway ☐ Unknown

(4) Installer: _____ ☐ Unknown

(5) Approximate Age: 14 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? Never to my knowledge

(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 ☐ _____

(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.**

RE/MAX Bastrop Area 87 Loop 150 West Bastrop, TX 78602
Phone: 512.921.9134 Fax: 512.366.9613 Janis Penick Wendel

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-saving devices	Usage (gal/day) with water-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.

Signature of Seller Date
Robert W. Wendel

Susan Wendel 10/28/11
Signature of Seller Date
Susan W. Wendel

Receipt acknowledged by:

Signature of Buyer Date

Signature of Buyer Date

DATE 8-27-97
AMOUNT 250.00
ADJUST
BY
PRECINCT 1 2 3 4

BASTROP COUNTY
DEPARTMENT OF HEALTH & SANITATION
P. O. BOX 802
BASTROP, TEXAS 78602
(512)321-5433

11,170
DL/STATE TX12730348
DOB 7-16-45

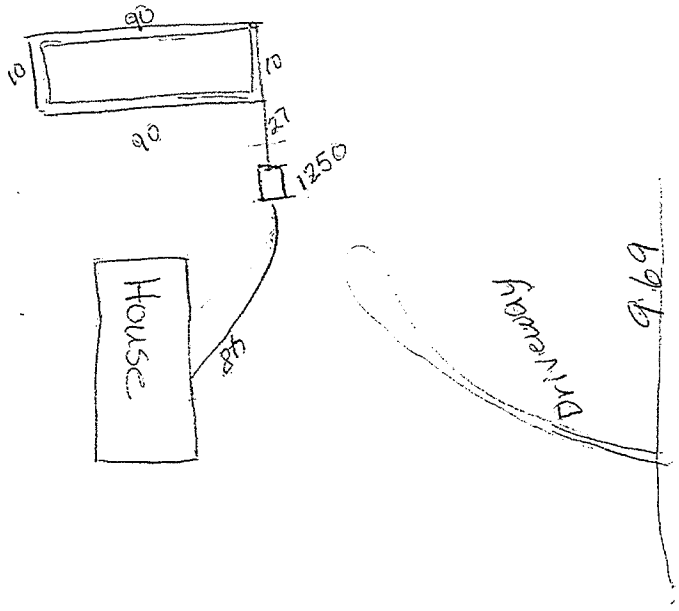
FM969

APPLICATION FOR ON-SITE SEWERAGE FACILITY
NEW CONSTRUCTION OR MODIFICATION

1. PROPERTYOWNER: WENDEL (LAST) ROBERT + SUSAN (FIRST)
2. MAILING ADDRESS: 9209 Rockway Dr (ADDRESS) Austin (CITY) 78736 (ZIP CODE)
3. DIRECTIONS: 3.6 miles west of Hwy 71 on FM 969, South side of 969
4. TELEPHONE NUMBER: DAY ( ) - EVENING ( ) -
5. PROPERTY DESCRIPTION:
SUBDIVISION: N/A
UNIT/PHAST ____ SECTION ____ BLOCK ____ LOTS ____
OR
SURVEY Jose Manuel Bango ABSTRACT 5 ACREAGE 21.000
(ATTACH A COPY OF YOUR SURVEY AND A LOCATION MAP TO THE PROPERTY)
6. SOURCE OF WATER: WELL X PUBLIC WATER SUPPLY (NAME) ____
WATER SAVING DEVISES: ✓ YES ____ NO
7. SINGLE FAMILY RESIDENCE:
NO. OF BEDROOMS 3 BATHS 2 LIVING AREA (SQ.FT.) 3,000
NEW DEVELOPMENT X OR IMPROVEMENT TO AN EXISTING STRUCTURE ____
HOUSE ____ MOBILE HOME X OTHER ____
8. ESTIMATED COST OF CONSTRUCTION(OF THE STRUCTURE NOT LAND OR SEPTIC): 69,000
9. COMMERCIAL/INSTITUTIONAL (TYPE): ____
(INCLUDING MULTI-FAMILY RESIDENCES)
NO. OF EMPLOYEES/OCCUPANTS/UNITS: 3 DAYS PER WEEK 7
ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (GPD): ____
10. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET:
YES ____, HOW FAR ____, NO X
11. ENGINEER (IF APPLICABLE): ____

PLEASE READ AND ACKNOWLEDGE:
I 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. I UNDERSTAND 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 FOLLOWING 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."

13. Robert Wendel (SIGNATURE OF PROPERTY OWNER) 8/27/97 (DATE)


90
10
10
90
27
1350
House
38
Driveway
69

SEPTIC INSPECTIONS

1. SLOPE OF AREA:
( ) SLOPING-less than 30%
( ) SLOPING-more than 30%
PERFORMED BY: C. H
DATE: 9-5-97
PROFILE INFORMATION:

DEPTH OF P/HOLE: 5 WIDTH OF P/HOLE: 3

RESTRICTIVE HORIZON NONE GROUND WATER NO

FLOOD ZONE _____ YES ✓ NO

SOIL CLASSIFICATION:

Ia _____ Ib ✓ II _____ III _____ IV _____

MINIMUM REQUIREMENTS:

TANK SIZE: 1250 GALLONS

FIELD SIZE:

TRENCH SYSTEM:
Linear Ft. 152 Width 3 Depth 12/36

BED SYSTEM: Depth 12/36 Square Ft. 779 No. of Beds 1

PERMIT TO CONSTRUCT: (✓) GRANTED ( ) DENIED

REFERRED FOR ENGINEERING: _____

COMMENTS: _____

2. SECOND INSPECTION (OPEN PIT):
PERFORMED BY: C.H DATE: 9-5-97

TANK SIZE: 1250 GALLONS TWO COMPARTMENT _____

TANKS IN SERIES _____

TRENCH: (WD) 3 FT. X (LINEAR FT.) 150

DEPTH _____ NO. OF TRENCHES 4

BED: ( ) FIRST BED (WD) _____ FT. X (LG) _____ FT. (DP) _____ INCHES
( ) SECOND BED (WD) _____ FT. X (LG) _____ FT. (DP) _____ INCHES
( ) THIRD BED (WD) _____ FT. X (LG) _____ FT. (DP) _____ INCHES
( ) FOURTH BED (WD) _____ FT. X (LG) _____ FT. (DP) _____ INCHES
( ) SEE COMMENTS FOR ADDITIONAL BEDS

TOTAL SQUARE FOOTAGE OF BEDS: _____

COMMENTS: _____

TYPE OF SYSTEM: S.A.T.

INSTALLER: Michael Goerts *ENGINEER:* _____

CULVERT: ON SITE _____ INSTALLED _____ STATE HWY/PRIVATE RD. _____
EXISTING _____ OTHER _____

3. THIRD INSPECTION (ROCK AND PIPE):
PERFORMED BY: C.H DATE: 9-5-97
COMMENTS: _____

4. FOURTH INSPECTION (FINAL COVER):
PERFORMED BY: C.H DATE: 9-15-97
COMMENTS: _____

ADDITIONAL COMMENTS: _____