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 364 Union Chapel Road Cedar Creek, 78612

A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:

(1) Type of Treatment System: ☒ Septic Tank ☐ Aerobic Treatment ☐ Unknown
☐ _____

(2) Type of Distribution System: Field lines ☐ Unknown

(3) Approximate Location of Drain Field or Distribution System: _____ ☒ 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? ☐ 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? 10 yrs. ago (?)

(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 Sanders

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.

Betty Sanders 10/25/11
Signature of Seller Date
Betty Sanders

Signature of Seller Date

Receipt acknowledged by:

Signature of Buyer Date

Signature of Buyer Date

DWELLING SEWAGE APPLICATION

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

PLEASE DO NOT WRITE IN THIS BLOCK
APPLICATION NUMBER 545
Rc'd 5-8-78 by _____ Ref: _____
Amount Enclosed: $ _____

APPLICATION FOR PRIVATE SEWAGE FACILITY LICENSE

$ 35.00 FEES ENCLOSED FOR: ( ) APPLICATION. (✓) INSPECTION. ( ) PERCOLATION TESTS. 110 ✓

To the Bastrop County Department of Health & Sanitation:

I hereby make application for a Permit to construct and a License to operate a private sewage system as required by County Ordinance and approved by Texas Water Quality Board Resolution No. 75-R-6, October 29, 1975.

(ALL INFORMATION BELOW MUST BE COMPLETED FOR A PERMIT OR LICENSE)

Property Owner's Name: Holden (LAST) Wilburn (FIRST) S. (MIDDLE)

Permanent Mailing Address: _____ (NUMBER and STREET, or BOX) _____ (CITY) _____ (STATE and ZIP CODE)

Telephone Numbers: _____ (HOME) / _____ (BUSINESS) / _____

Location of Property: _____, BASTROP (COUNTY)

IF located in a Subdivision: Wyldwood Estate (NAME OF SUBDIVISION) / _____ (SECTION No.) / _____ (BLOCK No.) / 18 (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/HOUSE TRAILER ( ) OTHER (Describe on back)

AVERAGE NO. OCCUPANTS: 3. DAYS PER YEAR PLUMBING USED: Full time

SOURCE OF WATER SUPPLY: ( ) SUBDIVISION SYSTEM. (✓) WATER DISTRICT. ( ) WELL. ( ) CISTERN. ( ) LAKE PUMP

ALL APPLICANTS please write TOTAL numbers of items below, and leave blank for "none"							
1. BEDROOMS	2	4. LAVATORIES	2	7. KITCHEN SINKS	1	10. GARBAGE DISPOSER	
2. COMMODES	2	5. SHOWERS		8. CLOTHES WASHERS	1	11. GREASE TRAP	
3. URINALS		6. BATHTUBS	2	9. AUTOMATIC DISH WASHER			

(SEWAGE SYSTEM INFORMATION)

SEPTIC TANK INFORMATION

1. Number of Separate Systems at This Location: _____
   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
3. Distance to an Organized Sewer Collection System Line: _____ Feet
4. Tank Capacity: 750 Gallons. 5. _____
6. Number of Tank Compartments: _____
7. Name the Installer: _____
8. Tank Made of: (check one) ( ) PREFAB METAL (✓) PREFAB CONCRETE ( ) CONCRETE POURED IN PLACE, give size below:*
   *(Wd) _____ Ft. X (Lg) _____ Ft. X (Dp) _____ Ft.
   ( ) Other: _____

ABSORPTION FIELD INFORMATION

1. Nearest Water Well or Cistern Distance: _____ Feet
2. Type Field: ( ) Trench or ditch system ( ) Absorption Bed System
   a. Trench Size: (Wd) _____ inches X (Dp) _____ inches X (Total Lg.) _____ Ft.
   (OR)
   b. Bed Bottom Size: (Wd) _____ Ft. X (Lg.) _____ Ft.
   c. Distribution Pipe Size: _____ inches diameter
   d. Kind of Pipe: ( ) _____ ( ) Plastic
3. Distance from Field to Nearest Lake Shore: _____ Ft.

PLEASE DRAW A LAYOUT AND DIMENSIONS OF YOUR PROPERTY 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 Department of Health, and to their agents or designees, singularly or jointly, to enter upon 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.

Mrs. Wilburn S. Holden
(SIGNATURE OF APPLICANT)

DATE: May 8th, 19 78

Mail this completed form, with Fees, to:
DEPT. OF HEALTH & SANITATION
P. O. BOX 802
BASTROP, TEXAS 78602

Form No. 1100

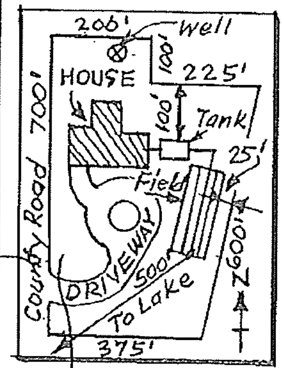
LAYOUT SPACE

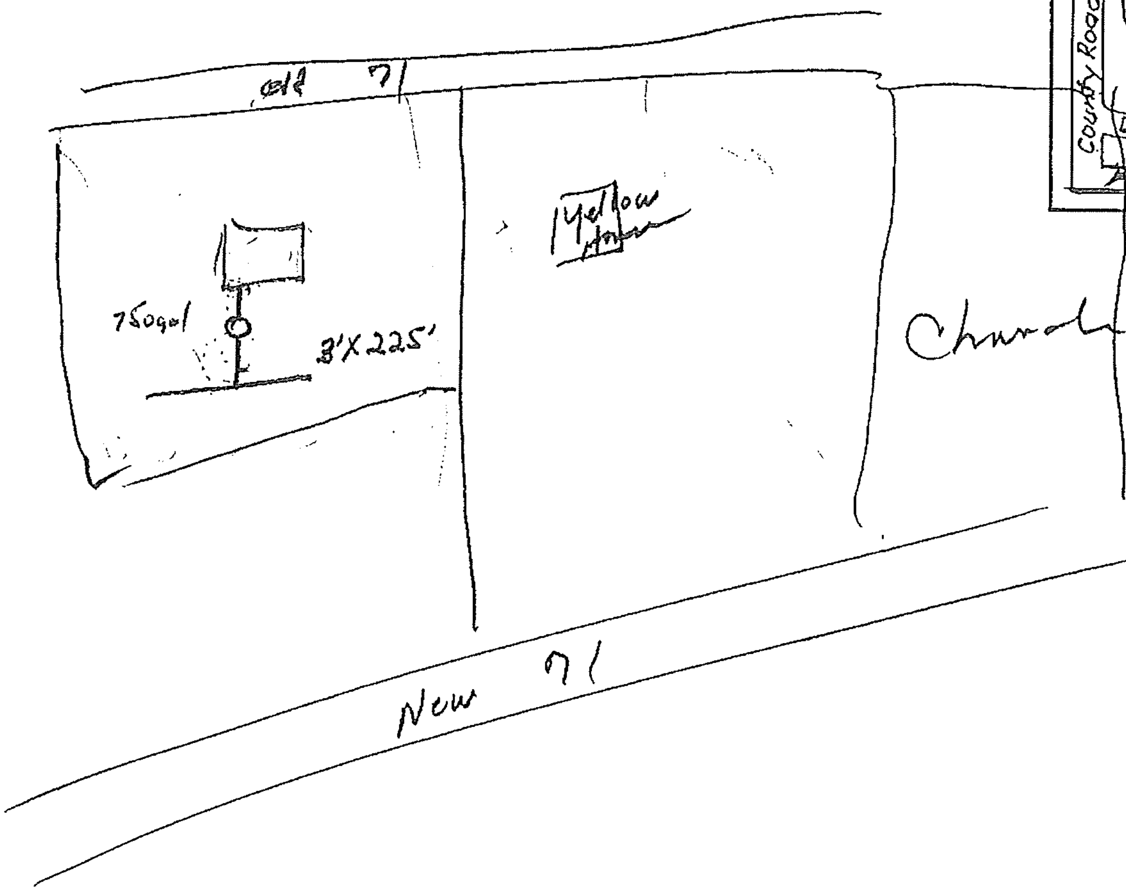
For Property Outline, Size and Improvements Location.

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 Shoreline.*

EXAMPLE





5-10-78
10" gravelly loam/clay
small slope
perk slow
600 sq ft in trench

FORM NO. 1104

SYSTEM DESIGN AND SPECIFICATIONS

TANK INFORMATION:
Capacity of tank(s) 750 ,_____
Tank made of: ( ) Fiberglass ( ) Prefab Metal
(✓) Precast Concrete
( ) Concrete poured in place
( ) Other_____

ABSORPTION FIELD INFORMATION: Size 600 Sq. ft.
(✓) Trench or Ditch System
(Wd) 36 in. X (Dp) 20 in. X (Lg) 224 ft.

( ) Absorption Bed System
(Wd)_____in. X (Lg.)_____ft.

Distribution pipe shall be PVC type, 4 in. ID
Washed rock or gravel shall be 1 1/2-2 1/2 in.
(✓) Washed sand to be used
(✓) Sandy loam back fill required

Installer Owner
Name and
Address

LAYOUT OF PROPOSED SYSTEM
Size of property_____

APPLICATION NUMBER
545

Percolation Rate
60 min./in.

Forms Mailed
1108 Mail Owner
1109

Prior Inspection

Date 5-10-78
Soil Condition
10" Granddy loam / clay

Slope of Area
( ) Flat
(✓) Sloping 1/8"-1"/ft.
( ) Steep 1"/ft. & over

Final Inspection

Date 6/20/78

Septic Tank:
(✓) Approved As
( ) Modified Approved
( ) Disapproved
Owner is suppose to put an outlet Tee in tank

Absorption Field:
(✓) Approved As
( ) Modified Approved
( ) Disapproved

Comments:
Had a y construction

101A