

**SELLER'S DISCLOSURE OF PROPERTY CONDITION**CONCERNING THE PROPERTY AT 2004 CR 4250 Winnsboro  
(Street Address and City)

THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE PURCHASER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER OR SELLER'S AGENTS.

Seller ☐ is ☐ is not occupying the Property. If unoccupied, how long since Seller has occupied the Property? \_\_\_\_\_

## 1. The Property has the items checked below [Write Yes (Y), No (N), or Unknown (U)]:

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Range   | <input checked="" type="checkbox"/> Oven  | <input checked="" type="checkbox"/> Microwave   |
| <input checked="" type="checkbox"/> Dishwasher  | <input type="checkbox"/> Trash Compactor  | <input checked="" type="checkbox"/> Disposal  |
| <input checked="" type="checkbox"/> Washer/Dryer Hookups  | <input checked="" type="checkbox"/> Window Screens  | <input checked="" type="checkbox"/> Rain Gutters  |
| <input type="checkbox"/> Security System  | <input type="checkbox"/> Fire Detection Equipment   | <input type="checkbox"/> Intercom System  |
| <input checked="" type="checkbox"/> TV Antenna  | <input checked="" type="checkbox"/> Smoke Detector  | <input checked="" type="checkbox"/> Satellite Dish  |
| <input checked="" type="checkbox"/> Ceiling Fan(s)  | <input type="checkbox"/> Smoke Detector-Hearing Impaired  | <input checked="" type="checkbox"/> Exhaust Fan(s)  |
| <input checked="" type="checkbox"/> Central A/C   | <input type="checkbox"/> Carbon Monoxide Alarm  | <input checked="" type="checkbox"/> Wall/Window Air Conditioning                                  |
| <input checked="" type="checkbox"/> Plumbing System   | <input type="checkbox"/> Emergency Escape Ladder(s)   | <input type="checkbox"/> Public Sewer System  |
| <input checked="" type="checkbox"/> Patio/Decking   | <input checked="" type="checkbox"/> Cable TV Wiring   | <input type="checkbox"/> Fences <u>PARCEL</u>   |
| <input type="checkbox"/> Pool   | <input checked="" type="checkbox"/> Attic Fan(s)  | <input type="checkbox"/> Spa <input type="checkbox"/> Hot Tub <u>HAVE BOUGHT CONNECTION</u>       |
| <input type="checkbox"/> Pool Equipment   | <input checked="" type="checkbox"/> Central Heating   | <input type="checkbox"/> Automatic Lawn Sprinkler System  |
| <input checked="" type="checkbox"/> Fireplace(s) & Chimney (Woodburning)  | <input checked="" type="checkbox"/> Septic System   | <input checked="" type="checkbox"/> Fireplace(s) & Chimney (Mock)                                 |
| <input type="checkbox"/> Gas Lines (Nat./LP)  | <input type="checkbox"/> Outdoor Grill  | <input type="checkbox"/> Carport  |
| <input checked="" type="checkbox"/> Garage: <input checked="" type="checkbox"/> Attached                              | <input type="checkbox"/> Sauna  | <input type="checkbox"/> Water Supply <input type="checkbox"/> City <input type="checkbox"/> Well |
| <input type="checkbox"/> Not Attached   |   | <input type="checkbox"/> MUD <input checked="" type="checkbox"/> Co-op                            |
| <input type="checkbox"/> Garage Door Opener(s): <input type="checkbox"/> Electronic <input type="checkbox"/> Controls | <input type="checkbox"/> Pool Heater  |   |
|   | <input type="checkbox"/> Water Heater: <input type="checkbox"/> Gas <input type="checkbox"/> Electric |   |

Roof Type: \_\_\_\_\_ Age: \_\_\_\_\_ (approx)

Are you (Seller) aware of any of the above items that are not in working condition, that have known defects or that are in need of repair? ☐ Yes ☒ No ☐ Unknown If yes, then describe. (Attach additional sheets if necessary): \_\_\_\_\_

2. Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766, Health and Safety Code? ☐ Yes ☐ No ☐ Unknown

If the answer to the question above is no or unknown, explain. (Attach additional sheets if necessary): \_\_\_\_\_

DETECTOR SITTING ON SELF IN HALL

TREC No. OP-H

Seller's Disclosure Notice Concerning the Property at \_\_\_\_\_  
(Street Address and City)

- \* Chapter 766 of the Health and Safety Code requires one-family or two-family dwellings to have working smoke detectors installed in accordance with the requirements of the building code in effect in the area in which the dwelling is located, including performance, location, and power source requirements. If you do not know the building code requirements in effect in your area, you may check unknown above or contact your local building official for more information. A buyer may require a seller to install smoke detectors for the hearing impaired if: (1) the buyer or a member of the buyer's family who will reside in the dwelling is hearing impaired; (2) the buyer gives the seller written evidence of the hearing impairment from a licensed physician; and (3) within 10 days after the effective date, the buyer makes a written request for the seller to install smoke detectors for the hearing impaired and specifies the locations for the installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

3. Are you (Seller) aware of any known defects/malfunctions in any of the following?

Write Yes (Y) if you are aware, write No (N) if you are not aware.

<u>N</u> Interior Walls	<u>N</u> Ceilings	<u>N</u> Floors
<u>N</u> Exterior Walls	<u>N</u> Doors	<u>N</u> Windows
<u>N</u> Roof	<u>N</u> Foundation/Slab(s)	<u>  </u> Basement
<u>N</u> Walls/Fences	<u>N</u> Driveways	<u>N</u> Sidewalks
<u>N</u> Plumbing Sewers/Septics	<u>N</u> Electrical Systems	<u>N</u> Lighting Fixtures
<u>N</u> Other Structural Components (Describe) _____		

If the answer to any of the above is yes, explain. (Attach additional sheets if necessary): \_\_\_\_\_

4. Are you (Seller) aware of any of the following conditions?

Write Yes (Y) if you are aware, write No (N) if you are not aware.

<u>N</u> Active Termites (includes wood destroying insects)	<u>N</u> Termite or Wood Rot Damage	<u>N</u> Previous Termite Damage
<u>  </u> Previous Termite Treatment	<u>N</u> Needing Repair	
<u>N</u> Water Penetration	<u>N</u> Previous Flooding	<u>N</u> Improper Drainage
<u>  </u> Previous Structural or Roof Repair	<u>N</u> Located in 100-Year Floodplain	<u>N</u> Present Flood Insurance Coverage
<u>  </u> Urea-formaldehyde Insulation	<u>N</u> Hazardous or Toxic Waste	<u>N</u> Asbestos Components
<u>  </u> Aluminum Wiring	<u>N</u> Radon Gas	<u>N</u> Lead Based Paint
<u>  </u> Landfill, Settling, Soil Movement, Fault Lines	<u>N</u> Previous Fires	<u>N</u> Unplatted Easements
<u>  </u> Previous Use of Premises for Manufacture of Methamphetamine		<u>N</u> Subsurface Structure or Pits

If the answer to any of the above is yes, explain. (attach additional sheets if necessary): \_\_\_\_\_

5. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair? ☐ Yes (if you are aware) ☒ No (if you are not aware). If yes, then describe. (Attach additional sheets if necessary). \_\_\_\_\_

6. Are you (Seller) aware of any of the following? Write Yes (Y) if you are aware, write No (N) if you are not aware.

☒ Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building codes in effect at that time.

☒ Homeowners' Association or maintenance fees or assessments.

☒ Any "common area" (facilities such as pools, tennis courts, walkways, or other areas) co-owned in undivided interest with others.

☒ Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.

☒ Any lawsuits directly or indirectly affecting the Property.

☒ Any condition on the Property which materially affects the physical health or safety of an individual.

If the answer to any of the above is yes explain. (Attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. If the property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1,000 feet of the mean high tide bordering the Gulf of Mexico, the property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.

Burnell G. Harvey  
Date \_\_\_\_\_ Signature of Seller  
Burnell G. Harvey

8-12-2011  
Date \_\_\_\_\_ Signature of Seller

The undersigned purchaser hereby acknowledges receipt of the foregoing notice.

\_\_\_\_\_  
Date \_\_\_\_\_ Signature of Purchaser

\_\_\_\_\_  
Date \_\_\_\_\_ Signature of Purchaser



# 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.  
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### CONCERNING THE PROPERTY AT

2004 CR 4250  
Winnsboro, Tx 75494

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

- (1) Type of Treatment System: ☒ Septic Tank ☐ Aerobic Treatment ☐ Unknown  
☐ Clearwater System
- (2) Type of Distribution System: \_\_\_\_\_ ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: \_\_\_\_\_ ☐ Unknown  
\_\_\_\_\_  
\_\_\_\_\_
- (4) Installer: \_\_\_\_\_ ☐ Unknown
- (5) Approximate Age: 19 YEARS 2 NEW MOTORS ☐ 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? 3 years
- (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.**

- 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>	<u>Usage (gal/day) without water- saving devices</u>	<u>Usage (gal/day) with water- 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.**

Burnell G. Harvey  
Signature of Seller \_\_\_\_\_ Date \_\_\_\_\_  
Burnell G. Harvey

\_\_\_\_\_  
Signature of Seller \_\_\_\_\_ Date \_\_\_\_\_

Receipt acknowledged by:

\_\_\_\_\_  
Signature of Buyer \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Buyer \_\_\_\_\_ Date \_\_\_\_\_