

## SELLER'S DISCLOSURE NOTICE

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Section 5.008, Property Code requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice to a buyer on or before the effective date of a contract. This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.

CONCERNING THE PROPERTY AT 24533 A.J.'s Way Hempstead, TX 77445

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 BUYER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.

Seller ☐ is ☒ is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property? ☐ or ☒ never occupied the Property

### Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)

*This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.*

Item	Y	N	U	Item	Y	N	U	Item	Y	N	U
Cable TV Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas Lines (Nat/LP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Carbon Monoxide Det.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rain Gutters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceiling Fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range/Stove	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooktop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof/Attic Vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor Grill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sauna	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patio/Decking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Escape Ladder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector - Hearing Impaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spa	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Detection Equip.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Maint. Accessories	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TV Antenna	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
French Drain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washer/Dryer Hookup	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sewer System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Screens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item	Y	N	U	Additional Information
Central A/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>4</u> <u>zoned</u>
Evaporative Coolers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	number of units:
Wall/Window AC Units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	number of units:
Attic Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	if yes, describe:
Central Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> electric <input checked="" type="checkbox"/> gas number of units: <u>4</u> <u>zoned</u>
Other Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if yes describe: <u>2 fireplaces w/ blowers</u>
Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of ovens: <u>2</u> <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: <u>warming oven</u>
Fireplace & Chimney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> wood <input checked="" type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: <u>two</u>
Carport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> attached <input type="checkbox"/> not attached
Garage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> attached <input checked="" type="checkbox"/> not attached
Garage Door Openers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of units: <u>3</u> number of remotes: <u>3</u>
Satellite Dish & Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> owned <input type="checkbox"/> leased from
Security System - <u>wired</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from
Water Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> electric <input checked="" type="checkbox"/> gas <input type="checkbox"/> other: number of units: <u>2</u>
Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from
Underground Lawn Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> automatic <input type="checkbox"/> manual areas covered:
Septic / On-Site Sewer Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if yes, attach Information About On-Site Sewer Facility (TAR-1407)

(TAR-1406) 7-2-07

Initialed by: Seller: [Signature] and Buyer: \_\_\_\_\_

Page 1 of 5

Concerning the Property at: 24533 ATIS Way, Hempstead, Tx 77445

Water supply provided by: ☐ city ☒ well ☐ MUD ☐ co-op ☐ unknown ☐ other: \_\_\_\_\_

Was the Property built before 1978? ☐ yes ☒ no ☐ unknown

(If yes, complete, sign, and attach TAR-1906 concerning lead-based paint hazards).

Roof Type: Galvalum (Metal) Age: 2 1/2 years (approximate)

Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)? ☐ yes ☒ no ☐ unknown

Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are need of repair? ☐ yes ☒ no If yes, describe (attach additional sheets if necessary): \_\_\_\_\_

**Section 2. Are you (Seller) aware of any defects or malfunctions in any of the following?: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)**

Item	Y	N
Basement		<input checked="" type="checkbox"/>
Ceilings		<input checked="" type="checkbox"/>
Doors		<input checked="" type="checkbox"/>
Driveways		<input checked="" type="checkbox"/>
Electrical Systems		<input checked="" type="checkbox"/>
Exterior Walls		<input checked="" type="checkbox"/>

Item	Y	N
Floors		<input checked="" type="checkbox"/>
Foundation / Slab(s)		<input checked="" type="checkbox"/>
Interior Walls		<input checked="" type="checkbox"/>
Lighting Fixtures		<input checked="" type="checkbox"/>
Plumbing Systems		<input checked="" type="checkbox"/>
Roof		<input checked="" type="checkbox"/>

Item	Y	N
Sidewalks		<input checked="" type="checkbox"/>
Walls / Fences		<input checked="" type="checkbox"/>
Windows		<input checked="" type="checkbox"/>
Other Structural Components		<input checked="" type="checkbox"/>

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_

**Section 3. Are you (Seller) aware of any of the following conditions: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)**

Condition	Y	N
Aluminum Wiring		<input checked="" type="checkbox"/>
Asbestos Components		<input checked="" type="checkbox"/>
Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/>		<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property		<input checked="" type="checkbox"/>
Fault Lines		<input checked="" type="checkbox"/>
Hazardous or Toxic Waste		<input checked="" type="checkbox"/>
Improper Drainage		<input checked="" type="checkbox"/>
Intermittent or Weather Springs		<input checked="" type="checkbox"/>
Landfill		<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/>
Encroachments onto the Property		<input checked="" type="checkbox"/>
Improvements encroaching on others' property		<input checked="" type="checkbox"/>
Located in 100-year Floodplain		<input checked="" type="checkbox"/>
Present Flood Insurance Coverage (If yes, attach TAR-1414)		<input checked="" type="checkbox"/>
Previous Flooding into the Structures		<input checked="" type="checkbox"/>
Previous Flooding onto the Property		<input checked="" type="checkbox"/>
Previous Fires		<input checked="" type="checkbox"/>
Previous Foundation Repairs		<input checked="" type="checkbox"/>

Condition	Y	N
Previous Roof Repairs		<input checked="" type="checkbox"/>
Other Structural Repairs		<input checked="" type="checkbox"/>
Radon Gas		<input checked="" type="checkbox"/>
Settling		<input checked="" type="checkbox"/>
Soil Movement		<input checked="" type="checkbox"/>
Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Underground Storage Tanks		<input checked="" type="checkbox"/>
Unplatted Easements		<input checked="" type="checkbox"/>
Unrecorded Easements		<input checked="" type="checkbox"/>
Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Water Penetration		<input checked="" type="checkbox"/>
Wetlands on Property		<input checked="" type="checkbox"/>
Wood Rot		<input checked="" type="checkbox"/>
Active infestation of termites or other wood-destroying insects (WDI)		<input checked="" type="checkbox"/>
Previous treatment for termites or WDI		<input checked="" type="checkbox"/>
Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Termite or WDI damage needing repair		<input checked="" type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine		<input checked="" type="checkbox"/>

(TAR-1406) 7-2-07

Initialed by: Seller: [Signature] and Buyer: \_\_\_\_\_

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Concerning the Property at 24533 AJ's Way, Hempstead, Texas 77445

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary):

N/A

**Section 4. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, which has not been previously disclosed in this notice?** ☐ yes ☒ no If yes, explain (attach additional sheets if necessary):

N/A

**Section 5. Are you (Seller) aware of any of the following (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)**

Y N

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

☐ ☒ Homeowners' associations or maintenance fees or assessments. If yes, complete the following:

Name of association: N/A

Manager's name: N/A

Phone: N/A

Fees or assessments are: \$ N/A per N/A and are: ☐ mandatory ☒ voluntary

Any unpaid fees or assessment for the Property? ☐ yes (\$ N/A) ☒ no

If the Property is in more than one association, provide information about the other associations below or attach information to this notice.

☐ ☒ Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:

Any optional user fees for common facilities charged? ☐ yes ☒ no If yes, describe: N/A

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

☐ ☒ Any lawsuits or other legal proceedings directly or indirectly affecting the Property.

☐ ☒ Any death on the Property except for those deaths cause by: natural causes, suicide, or accident unrelated to the condition of the Property.

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

☐ ☒ Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold.

If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).

If the answer to any of the items in Section 5 is yes, explain (attach additional sheets if necessary):

N/A

Concerning the Property at 24533 AJS WAY, HEMPSTEAD, TEXAS 77445

Section 6. Seller ☐ has ☒ has not attached a survey of the Property.

(HAS SURVEY IN  
THEIR POSSESSION)

Section 7. Within the last 4 years, have you (Seller) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections? ☐ yes ☐ no If yes, attach copies and complete the following:

Inspection Date	Type	Name of Inspector	No. of Pages
	N	A	

Note: A buyer should not rely on the above-cited reports as a reflection of the current condition of the Property.  
A buyer should obtain inspections from inspectors chosen by the buyer.

Section 8. Check any tax exemption(s) which you (Seller) currently claim for the Property:

- ☒ Homestead                      ☐ Senior Citizen                      ☐ Disabled  
☐ Wildlife Management              ☒ Agricultural                      ☐ Disabled Veteran  
☐ Other: \_\_\_\_\_                      ☐ Unknown

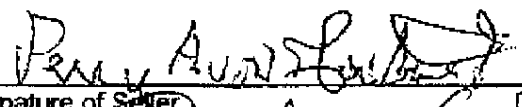
Section 9. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made? ☐ yes ☒ no If yes, explain: \_\_\_\_\_

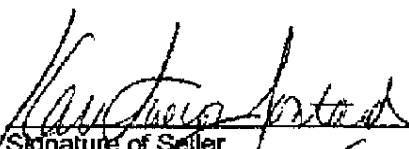
N/A

Section 10. Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code? ☐ unknown ☐ no ☒ yes. If no or unknown, explain. (Attach additional sheets if necessary): \_\_\_\_\_

*\*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.*

Seller acknowledges that the statements in this notice are true to the best of Seller's belief and that no person, including the broker(s), has instructed or influenced Seller to provide inaccurate information or to omit any material information.

  
 Signature of Seller \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name: Perry A. von Contard

  
 Signature of Seller \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name: KAREN SUE VON CONTARD

(TAR-1406) 7-2-07

Initialed by: Seller P. von Contard and Buyer: \_\_\_\_\_

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Concerning the Property at

24533 AT'S WAY, HEMPSTEAD, TEXAS 77445**ADDITIONAL NOTICES TO BUYER:**

- (1) The Texas Department of Public Safety maintains a database that the public may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit [www.bxdps.state.tx.us](http://www.bxdps.state.tx.us). For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
- (2) 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.
- (3) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.

- (4) The following providers currently provide service to the property:

Electric: SAN BERNARD ELECTRICSewer: PRIVATE - TIM NEFF SEPTICWater: COMMERCIAL WATER SERVICECable: DISH NETWORKTrash: RICKY BONDNatural Gas: N/ALocal Phone: ALLIED WASTE @ BRENTAM @ 972-277-1166Propane: GREEN BLUE FLAME

- (5) This Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.

The undersigned Buyer acknowledges receipt of the foregoing notice and acknowledges the property complies with the smoke detector requirements of Chapter 766, Health and Safety Code, or, if the property does not comply with the smoke detector requirements of Chapter 766, the buyer waives the buyer's rights to have smoke detectors installed in compliance with Chapter 766.

Signature of Buyer \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

Signature of Buyer \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name: \_\_\_\_\_



## 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.  
©Texas Association of REALTORS®, Inc., 2004

24533 AJ's Way Hempstead, TX 77445

## CONCERNING THE PROPERTY AT

## 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: Behind Garage ☐ Unknown  
 \_\_\_\_\_  
 \_\_\_\_\_
- (4) Installer: Bonds Well and Septic ☐ Unknown
- (5) Approximate Age: 4 years ☐ 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: Aero-Septic Maintenance, Inc.  
 Phone: 281-351-9681 contract expiration date: 11-1-2010  
*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
- (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.**

(TAR-1407) 1-7-04

Initialed for Identification by Buyer \_\_\_\_\_ and Seller PS Kiel

Page 1 of 2

Market Realty, Inc. PO Box 101 Burton, TX 77833

Phone: (979)289-2159

Fax: (979)289-2159

Susan Kiel

Produced with ZipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 [www.zipLogix.com](http://www.zipLogix.com)

Voongontand



Information about On-Site Sewer Facility concerning \_\_\_\_\_

- 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.

Perry A. Vongostard 9/3/2009      Kirk Vongostard 9/3/2009  
 Signature of Seller      Date      Signature of Seller      Date

Receipt acknowledged by:

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

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

**Aero-Septic Maintenance, Inc.**  
**P.O. BOX 1410**  
**TOMBALL, TX 77377**



Date: 8/24/2009

Phone: (281) 351-9681

Fax: (281) 351-5352

WWW.AEROSEPTICTX.COM INFO@AEROSEPTICTX.COM

**Permit No: WALLER # 4452**

Installed:

**To: PERRY & KAREN VON GONTARD (HOUSE)**  
**24533 AJ'S WAY**  
**HEMPSTEAD, TX 77445**

Phone: (713) 858-3434 Subdivision:  
Site: 24533 AJ'S WAY, HEMPSTEAD, TX 77445  
County: WALLER  
Installer:  
Agency: WALLER COUNTY  
Mfg: AQUA - KLEAR

**Contract Period**  
**Start Date: 11/1/2009**  
**End Date: 11/1/2010**

Aero-Septic Maintenance:  
3 inspections per year - one every 4 months  
gallons per day  
Map Key:

AERO-SEPTIC MAINTENANCE will operate and maintain the sewerage treatment spray system located at the above address for start and end date indicated above. During the period we will conduct the required visual inspections, occurring within the months circled:

JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC

These inspections will consist of test for chlorine residual and pH. We will visually inspect treatment plant, effluent quality, color, turbidity, odor, and sludge and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, lines and fittings, alarm tests and electrical controls conditions. We will visually inspect the irrigation pump station, spray heads, pressure lines, other tanks, pumps, filters and appurtenances.

All complaints by the property owner, regarding the operation of the system will be responded to within 2 business days at the site location listed above.

This agreement will not cover costs of unscheduled service calls, labor, materials, BOD and TSS test's. Also, failure to maintain electrical power to the system; sewage flows exceeding the hydraulic/organic design capabilities; disposal of sludge accumulate, chlorine tablets, solvents, grease, oil, paint, etc.; or any usage contrary to the requirements listed in the owner's manual or as advised by Tim Neff the Certified Manufacturer Representative.

All testing and reporting is required by County and State regulations. Copies of this contract and all reports will be submitted to the County. This agreement is transferable (new homeowner) and non-refundable. \_\_\_\_\_ (initial here)

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Maintenance Operator's License # 7046 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- OWNER IS RESPONSIBLE FOR INSTALLING AND OR MAINTAINING TAMPER RESISTANT SCREWS TO PREVENT UNAUTHORIZED ENTRY.
- OWNER IS RESPONSIBLE FOR MAINTAINING THE DISINFECTING UNIT AND SHOULD READ WARNING LABELS BEFORE HANDLING CHLORINE TABLETS.

\* Endorse, Date & Return WHITE copy of Maintenance Agreement w/payment Retain YELLOW for your records.



GUEST/FOREMAN'S  
QUARTERS



TEXAS ASSOCIATION OF REALTORS®  
**SELLER'S DISCLOSURE NOTICE**

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Seller ☒ is ☐ is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property? QUARTERS or ☐ never occupied the Property

**Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)**

This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.

Item	Y	N	U
Cable TV Wiring	✓		
Carbon Monoxide Det.		✓	
Ceiling Fans	✓		
Cooktop		✓	
Dishwasher		✓	
Disposal	✓		
Emergency Escape Ladder(s)		✓	
Exhaust Fans	✓		
Fences	✓		
Fire Detection Equip.	✓		
French Drain	✓		
Gas Fixtures		✓	

Item	Y	N	U
Gas Lines (Nat/LP)		✓	
Hot Tub		✓	
Intercom System		✓	
Microwave	✓		
Outdoor Grill		✓	
Patio/Decking	✓		
Plumbing System	✓		
Pool		✓	
Pool Equipment		✓	
Pool Maint. Accessories		✓	
Pool Heater		✓	
Public Sewer System		✓	

Item	Y	N	U
Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder			✓
Rain Gutters	✓		
Range/Stove	✓		
Roof/Attic Vents	✓		
Sauna		✓	
Smoke Detector	✓		
Smoke Detector - Hearing Impaired			✓
Spa		✓	
Trash Compactor	✓		
TV Antenna	✓		
Washer/Dryer Hookup	✓		
Window Screens	✓		

Item	Y	N	U	Additional Information
Central A/C	✓			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>1</u>
Evaporative Coolers			✓	number of units: _____
Wall/Window AC Units	✓			number of units: _____
Attic Fan(s)	✓			if yes, describe: _____
Central Heat	✓			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>1</u>
Other Heat			✓	if yes describe: _____
Oven	✓			number of ovens: _____ <input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____
Fireplace & Chimney		✓		<input type="checkbox"/> wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: _____
Carport	✓			<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage	✓			<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers			✓	number of units: _____ number of remotes: _____
Satellite Dish & Controls	✓			<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Security System			✓	<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Water Heater	✓			<input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____ number of units: _____
Water Softener			✓	<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Underground Lawn Sprinkler			✓	<input type="checkbox"/> automatic <input type="checkbox"/> manual areas covered: _____
Septic / On-Site Sewer Facility	✓			if yes, attach Information About On-Site Sewer Facility (TAR-1407)

(TAR-1406) 7-2-07

Initialed by: Seller: [Signature] and Buyer: \_\_\_\_\_

Page 1 of 5

Concerning the Property at 24533 AJ's Way, Hempstead, Texas 77445

Water supply provided by: ☐ city ☒ well ☐ MUD ☐ co-op ☐ unknown ☐ other: \_\_\_\_\_

Was the Property built before 1978? ☐ yes ☒ no ☐ unknown

(If yes, complete, sign, and attach TAR-1906 concerning lead-based paint hazards).

Roof Type: METAL Age: 3 YEARS (approximate)

Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)? ☐ yes ☒ no ☐ unknown

Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are need of repair? ☐ yes ☒ no If yes, describe (attach additional sheets if necessary): \_\_\_\_\_

N/A

**Section 2. Are you (Seller) aware of any defects or malfunctions in any of the following?: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)**

Item	Y	N	Item	Y	N	Item	Y	N
Basement		<input checked="" type="checkbox"/>	Floors		<input checked="" type="checkbox"/>	Sidewalks		<input checked="" type="checkbox"/>
Ceilings		<input checked="" type="checkbox"/>	Foundation / Slab(s)		<input checked="" type="checkbox"/>	Walls / Fences		<input checked="" type="checkbox"/>
Doors		<input checked="" type="checkbox"/>	Interior Walls		<input checked="" type="checkbox"/>	Windows		<input checked="" type="checkbox"/>
Driveways		<input checked="" type="checkbox"/>	Lighting Fixtures		<input checked="" type="checkbox"/>	Other Structural Components		<input checked="" type="checkbox"/>
Electrical Systems		<input checked="" type="checkbox"/>	Plumbing Systems		<input checked="" type="checkbox"/>			
Exterior Walls		<input checked="" type="checkbox"/>	Roof		<input checked="" type="checkbox"/>			

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_

N/A

**Section 3. Are you (Seller) aware of any of the following conditions: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)**

Condition	Y	N	Condition	Y	N
Aluminum Wiring		<input checked="" type="checkbox"/>	Previous Roof Repairs		<input checked="" type="checkbox"/>
Asbestos Components		<input checked="" type="checkbox"/>	Other Structural Repairs		<input checked="" type="checkbox"/>
Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/> _____		<input checked="" type="checkbox"/>	Radon Gas		<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property		<input checked="" type="checkbox"/>	Settling		<input checked="" type="checkbox"/>
Fault Lines		<input checked="" type="checkbox"/>	Soil Movement		<input checked="" type="checkbox"/>
Hazardous or Toxic Waste		<input checked="" type="checkbox"/>	Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Improper Drainage		<input checked="" type="checkbox"/>	Underground Storage Tanks		<input checked="" type="checkbox"/>
Intermittent or Weather Springs		<input checked="" type="checkbox"/>	Unplatted Easements		<input checked="" type="checkbox"/>
Landfill		<input checked="" type="checkbox"/>	Unrecorded Easements		<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/>	Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Encroachments onto the Property		<input checked="" type="checkbox"/>	Water Penetration		<input checked="" type="checkbox"/>
Improvements encroaching on others' property		<input checked="" type="checkbox"/>	Wetlands on Property		<input checked="" type="checkbox"/>
Located in 100-year Floodplain		<input checked="" type="checkbox"/>	Wood Rot		<input checked="" type="checkbox"/>
Present Flood Insurance Coverage (If yes, attach TAR-1414)		<input checked="" type="checkbox"/>	Active infestation of termites or other wood-destroying insects (WDI)		<input checked="" type="checkbox"/>
Previous Flooding into the Structures		<input checked="" type="checkbox"/>	Previous treatment for termites or WDI		<input checked="" type="checkbox"/>
Previous Flooding onto the Property		<input checked="" type="checkbox"/>	Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Previous Fires		<input checked="" type="checkbox"/>	Termite or WDI damage needing repair		<input checked="" type="checkbox"/>
Previous Foundation Repairs		<input checked="" type="checkbox"/>	Previous Use of Premises for Manufacture of Methamphetamine		<input checked="" type="checkbox"/>

(TAR-1406) 7-2-07

Initialed by: Seller [Signature] and Buyer: \_\_\_\_\_

Page 2 of 5

Concerning the Property at 24533 AJ'S WAY, HEMPSTEAD, TEXAS 77445

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary):

N/A

**Section 4. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, which has not been previously disclosed in this notice?** ☐ yes ☒ no If yes, explain (attach additional sheets if necessary):

N/A

**Section 5. Are you (Seller) aware of any of the following (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)**

Y N  
☒ ☒

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

☒ Homeowners' associations or maintenance fees or assessments. If yes, complete the following:

Name of association: \_\_\_\_\_

Manager's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fees or assessments are: \$ \_\_\_\_\_ per \_\_\_\_\_ and are: ☐ mandatory ☐ voluntary

Any unpaid fees or assessment for the Property? ☐ yes (\$ \_\_\_\_\_) ☐ no

If the Property is in more than one association, provide information about the other associations below or attach information to this notice.

☒ Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:

Any optional user fees for common facilities charged? ☐ yes ☐ no If yes, describe: \_\_\_\_\_

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

☒ Any lawsuits or other legal proceedings directly or indirectly affecting the Property.

☒ Any death on the Property except for those deaths cause by: natural causes, suicide, or accident unrelated to the condition of the Property.

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

☒ Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold. If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).

If the answer to any of the items in Section 5 is yes, explain (attach additional sheets if necessary):

N/A

Concerning the Property at 24533 AJ's Way, Hempstead, Texas 77445

Section 6. Seller ☐ has ☒ has not attached a survey of the Property. (SURVEY AVAILABLE)

Section 7. Within the last 4 years, have you (Seller) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections? ☐ yes ☐ no If yes, attach copies and complete the following:

Inspection Date	Type	Name of Inspector	No. of Pages
	N/A		

Note: A buyer should not rely on the above-cited reports as a reflection of the current condition of the Property. A buyer should obtain inspections from inspectors chosen by the buyer.

Section 8. Check any tax exemption(s) which you (Seller) currently claim for the Property:

- ☒ Homestead ☐ Senior Citizen ☐ Disabled  
☐ Wildlife Management ☒ Agricultural ☐ Disabled Veteran  
☐ Other: \_\_\_\_\_ ☐ Unknown

Section 9. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made? ☐ yes ☒ no If yes, explain: \_\_\_\_\_

N/A

Section 10. Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code? ☐ unknown ☐ no ☒ yes. If no or unknown, explain. (Attach additional sheets if necessary): \_\_\_\_\_

*\*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.*

Seller acknowledges that the statements in this notice are true to the best of Seller's belief and that no person, including the broker(s), has instructed or influenced Seller to provide inaccurate information or to omit any material information.

Signature of Seller: Ferry A. von Gontard Date: 6/28/08  
Printed Name: FERRY A. VON GONTARD  
Signature of Seller: KAREN SUE VON GONTARD Date: 6/28/08  
Printed Name: KAREN SUE VON GONTARD

Initialed by: Seller: [Signature] and Buyer: \_\_\_\_\_



Concerning the Property at 24533 A.J.'s Way, Hempstead, Tx. 77445

**ADDITIONAL NOTICES TO BUYER:**

(1) The Texas Department of Public Safety maintains a database that the public may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit [www.txdps.state.tx.us](http://www.txdps.state.tx.us). For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.

(2) 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.

(3) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.

(4) The following providers currently provide service to the property:

Electric: AN BERNARD ELECTRIC CO.

Sewer: Tim NEFF - HERO-SEPTIC MAINTEN.

Water: Supplied by Well-Ricky

Cable: SATELITE BY DISH NETWORK

Trash: ALLIED WASTE @ BRENHAM

Natural Gas: N/A

Local Phone: AT & T (V web-site)

Propane: N/A

(5) This Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.

The undersigned Buyer acknowledges receipt of the foregoing notice and acknowledges the property complies with the smoke detector requirements of Chapter 766, Health and Safety Code, or, if the property does not comply with the smoke detector requirements of Chapter 766, the buyer waives the buyer's rights to have smoke detectors installed in compliance with Chapter 766.

Signature of Buyer \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature of Buyer \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Barn



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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24533 AJ's Way Hempstead, TX 77445

CONCERNING THE PROPERTY AT

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: Behind Barn ☐ Unknown  
on Left Side  
 (4) Installer: Bonds Well and Septic ☐ Unknown  
 (5) Approximate Age: 6 years ☐ 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: Aero-Septic Maintenance, Inc.  
 Phone: 281-351-9681 contract expiration date: 11-1-2010  
*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? June 2008  
 (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.

(TAR-1407) 1-7-04

Initialed for Identification by Buyer \_\_\_\_\_ and Seller kg KG

Page 1 of 2

Market Realty, Inc. PO Box 101 Burton, TX 77833  
 Phone: (979)289-2159

Fax: (979)289-2159

Susan Kiel

Produced with ZipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 [www.ziplogix.com](http://www.ziplogix.com)

Vongontard

Information about On-Site Sewer Facility concerning \_\_\_\_\_

- 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.

Perry A. von Lintow 9/13/2009  
Signature of Seller Date

Kent Vongontard 9/13/2009  
Signature of Seller Date

Receipt acknowledged by:

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

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



**Aero-Septic Maintenance, Inc.**  
**P.O. BOX 1410**  
**TOMBALL, TX 77377**



Date: 8/24/2009

Phone: (281) 351-9681

Fax: (281) 351-5352

WWW.AEROSEPTICTX.COM INFO@AEROSEPTICTX.COM

To: **KAREN VON GONTARD (CID# 3086) BARN**  
**24533 A J's WAY**  
**HEMPSTEAD, TX 77445**

**Permit No: WALLER # 4062**

Installed:

Phone: (713) 858-3434 Subdivision:  
Site: 24533 A J's WAY, HEMPSTEAD, TX 77445  
County: WALLER  
Installer:  
Agency: WALLER COUNTY  
Mfg: AQUA-SAFE

**Contract Period**  
**Start Date: 11/1/2009**  
**End Date: 11/1/2010**

AERO - SEPTIC MAINTENANCE, INC.  
3 inspections per year - one every 4 months  
gallons per day  
Map Key:

AERO-SEPTIC MAINTENANCE will operate and maintain the sewerage treatment spray system located at the above address for start and end date indicated above. During the period we will conduct the required visual inspections, occurring within the months circled:

JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC

These inspections will consist of test for chlorine residual and pH. We will visually inspect treatment plant, effluent quality, color, turbidity, odor, and sludge and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, lines and fittings, alarm tests and electrical controls conditions. We will visually inspect the irrigation pump station, spray heads, pressure lines, other tanks, pumps, filters and appurtenances.

All complaints by the property owner, regarding the operation of the system will be responded to within 2 business days at the site location listed above.

This agreement will not cover costs of unscheduled service calls, labor, materials, BOD and TSS test's. Also, failure to maintain electrical power to the system; sewage flows exceeding the hydraulic/organic design capabilities; disposal of sludge accumulate, chlorine tablets, solvents, grease, oil, paint, etc.; or any usage contrary to the requirements listed in the owner's manual or as advised by Tim Neff the Certified Manufacturer Representative.

All testing and reporting is required by County and State regulations. Copies of this contract and all reports will be submitted to the County. This agreement is transferable (new homeowner) and non-refundable. KEG (initial here)

Owner's Signature: [Signature]

Date: 9/1/2009

Maintenance Operator's License # 7046 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- OWNER IS RESPONSIBLE FOR INSTALLING AND OR MAINTAINING TAMPER RESISTANT SCREWS TO PREVENT UNAUTHORIZED ENTRY.
- OWNER IS RESPONSIBLE FOR MAINTAINING THE DISINFECTING UNIT AND SHOULD READ WARNING LABELS BEFORE HANDLING CHLORINE TABLETS.

\* Endorse, Date & Return WHITE copy of Maintenance Agreement w/payment Retain YELLOW for your records.