



APPROVED BY THE TEXAS REAL ESTATE COMMISSION (TREC)

**SELLER'S DISCLOSURE NOTICE**

CONCERNING THE PROPERTY AT 3600 FM 154 West Point
 (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 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"/> Smoke Detector	
	<input type="checkbox"/> Smoke Detector-Hearing Impaired	
	<input type="checkbox"/> Carbon Monoxide Alarm	
	<input type="checkbox"/> Emergency Escape Ladder(s)	
<input type="checkbox"/> TV Antenna	<input type="checkbox"/> Cable TV Wiring	<input checked="" type="checkbox"/> Satellite Dish
<input checked="" type="checkbox"/> Ceiling Fan(s)	<input type="checkbox"/> Attic Fan(s)	<input type="checkbox"/> Exhaust Fan(s)
<input checked="" type="checkbox"/> Central A/C	<input checked="" type="checkbox"/> Central Heating	<input type="checkbox"/> Wall/Window Air Conditioning
<input checked="" type="checkbox"/> Plumbing System	<input checked="" type="checkbox"/> Septic System	<input type="checkbox"/> Public Sewer System
<input checked="" type="checkbox"/> Patio/Decking	<input type="checkbox"/> Outdoor Grill	<input type="checkbox"/> Fences
<input checked="" type="checkbox"/> Pool	<input type="checkbox"/> Sauna	<input type="checkbox"/> Spa <input type="checkbox"/> Hot Tub
<input checked="" type="checkbox"/> Pool Equipment	<input type="checkbox"/> Pool Heater	<input type="checkbox"/> Automatic Lawn Sprinkler System
<input checked="" type="checkbox"/> Fireplace(s) & Chimney (Wood burning)		<input checked="" type="checkbox"/> Fireplace(s) & Chimney (Mock)
<input type="checkbox"/> Natural Gas Lines		<input type="checkbox"/> Gas Fixtures
<input type="checkbox"/> Liquid Propane Gas	<input type="checkbox"/> LP Community (Captive)	<input type="checkbox"/> LP on Property
Garage: <input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input checked="" type="checkbox"/> Carport
Garage Door Opener(s):	<input type="checkbox"/> Electronic	<input type="checkbox"/> Control(s)
Water Heater:	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric
Water Supply: <input type="checkbox"/> City	<input checked="" type="checkbox"/> Well <input type="checkbox"/> MUD	<input type="checkbox"/> Co-op
Roof Type: <u>metal</u>	Age: <u>9</u> (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):

Pool main drain plugged.

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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 this question is 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. 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.

<input checked="" type="checkbox"/> Interior Walls	<input checked="" type="checkbox"/> Ceilings	<input checked="" type="checkbox"/> Floors
<input checked="" type="checkbox"/> Exterior Walls	<input checked="" type="checkbox"/> Doors	<input checked="" type="checkbox"/> Windows
<input checked="" type="checkbox"/> Roof	<input checked="" type="checkbox"/> Foundation/Slab(s)	<input checked="" type="checkbox"/> Sidewalks
<input checked="" type="checkbox"/> Walls/Fences	<input checked="" type="checkbox"/> Driveways	<input checked="" type="checkbox"/> Intercom System
<input checked="" type="checkbox"/> Plumbing/Sewers/Septics	<input checked="" type="checkbox"/> Electrical Systems	<input checked="" type="checkbox"/> Lighting Fixtures
Other Structural Components (Describe): _____		

If the answer to any of the above is yes, explain. (Attach additional sheets if necessary): See Corrective Documents attached.

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.

<input checked="" type="checkbox"/> Active Termites (includes wood destroying insects)	<input checked="" type="checkbox"/> Previous Structural or Roof Repair
<input checked="" type="checkbox"/> Termite or Wood Rot Damage Needing Repair	<input checked="" type="checkbox"/> Hazardous or Toxic Waste
<input checked="" type="checkbox"/> Previous Termite Damage	<input checked="" type="checkbox"/> Asbestos Components
<input checked="" type="checkbox"/> Previous Termite Treatment	<input checked="" type="checkbox"/> Urea-formaldehyde Insulation
<input checked="" type="checkbox"/> Improper Drainage	<input checked="" type="checkbox"/> Radon Gas
<input checked="" type="checkbox"/> Water Damage Not Due to a Flood Event	<input checked="" type="checkbox"/> Lead Based Paint
<input checked="" type="checkbox"/> Landfill, Settling, Soil Movement, Fault Lines	<input checked="" type="checkbox"/> Aluminum Wiring
<input checked="" type="checkbox"/> Single Blockable Main Drain in Pool/Hot Tub/Spa*	<input checked="" type="checkbox"/> Previous Fires
	<input checked="" type="checkbox"/> Unplatted Easements
	____ Subsurface Structure or Pits
	____ Previous Use of Premises for Manufacture of Methamphetamine

If the answer to any of the above is yes, explain. (Attach additional sheets if necessary): See Corrective Documents attached

*A single blockable main drain may cause a suction entrapment hazard for an individual.

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, explain. (Attach additional sheets if necessary): _____

6. 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

- ☒ Present flood coverage
☒ Previous flooding due to a failure or breach of a reservoir or a controlled or emergency release of water from a reservoir
☒ Previous water penetration into a structure on the property due to a natural flood event

Write Yes (Y) if you are aware, and check wholly or partly as applicable, write No (N) if you are not aware

- ☒ Located ☐ wholly ☐ partly in a 100-year floodplain (Special Flood Hazard Area-Zone A, V, A99, AE, AO, AH, VE, or AR)
☒ Located ☐ wholly ☐ partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded))
☒ Located ☐ wholly ☐ partly in a floodway
☒ Located ☐ wholly ☐ partly in a flood pool
☒ Located ☐ wholly ☐ partly in a reservoir

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

*For purposes of this notice:

"100-year floodplain" means any area of land that:

(A) is identified on the flood insurance rate map as a special flood hazard area, which is designated as Zone A, V, A99, AE, AO, AH, VE, or AR on the map;

(B) has a one percent annual chance of flooding, which is considered to be a high risk of flooding, and

(C) may include a regulatory floodway, flood pool, or reservoir.

"500-year floodplain" means any area of land that:

(A) is identified on the flood insurance rate map as a moderate flood hazard area, which is designated on the map as Zone X (shaded); and

(B) has a two-tenths of one percent annual chance of flooding, which is considered to be a moderate risk of flooding.

"Flood pool" means the area adjacent to a reservoir that lies above the normal maximum operating level of the reservoir and that is subject to controlled inundation under the management of the United States Army Corps of Engineers.

"Flood insurance rate map" means the most recent flood hazard map published by the Federal Emergency Management Agency under the National Flood Insurance Act of 1968 (42 U.S.C. Section 4001 et seq.)

"Floodway" means an area that is identified on the flood insurance rate map as a regulatory floodway, which includes the channel of a river or other watercourse and the adjacent land areas that must be reserved for the discharge of a base flood, also referred to as a 100-year flood, without cumulatively increasing the water surface elevation of more than a designated height.

"Reservoir" means a water impoundment project operated by the United States Army Corps of Engineers that is intended to retain water or delay the runoff of water in a designated surface area of land.

7. Have you (Seller) ever filed a claim for flood damage to the property with any insurance provider, including the National Flood Insurance Program (NFIP)? ☐ Yes ☒ No. If yes, explain (attach additional sheets as necessary): _____

*Homes in high risk flood zones with mortgages from federally regulated or insured lenders are required to have flood insurance. Even when not required, the Federal Emergency Management Agency (FEMA) encourages homeowners in high risk, moderate risk, and low risk flood zones to purchase flood insurance that covers the structure(s) and the personal property within the structure(s).

8. Have you (Seller) ever received assistance from FEMA or the U.S. Small Business Administration (SBA) for flood damage to the property? ☐ Yes ☒ No. If yes, explain (attach additional sheets as necessary): _____

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9. 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.
- ☒ Any rainwater harvesting system located on the property that is larger than 500 gallons and that uses a public water supply as an auxiliary water source.
- ☒ Any portion of the property that is located in a groundwater conservation district or a subsidence district.

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

10. 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 of the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) and a beachfront construction certificate or dune protection permit maybe required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.
11. This property may be located near a military installation and may be affected by high noise or air installation compatible use zones or other operations. Information relating to high noise and compatible use zones is available in the most recent Air Installation Compatible Use Zone Study or Joint Land Use Study prepared for a military installation and may be accessed on the Internet website of the military installation and of the county and any municipality in which the military installation is located.

Edgar Pavlicek 11/18/21
Signature of Seller Date
Edgar Pavlicek

Signature of Seller Date

The undersigned purchaser hereby acknowledges receipt of the foregoing notice.

Signature of Purchaser Date

Signature of Purchaser Date



This form was prepared by the Texas Real Estate Commission in accordance with Texas Property Code § 5.008(b) and is to be used in conjunction with a contract for the sale of real property entered into on or after September 1, 2019. Texas Real Estate Commission, P.O. Box 12188, Austin, TX 78711-2188, 512-936-3000 (<http://www.trec.texas.gov>) TREC NO. OP-H

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INFORMATION ABOUT ON-SITE SEWER FACILITY

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS® INC. IS NOT AUTHORIZED
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CONCERNING THE PROPERTY AT

3600 FM 154
West Point, TX 78963-5249

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

- (1) Type of Treatment System: ☒ Septic Tank ☐ Aerobic Treatment ☐ Unknown
- (2) Type of Distribution System: Standard ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: North Side OF Residence ☐ Unknown
- (4) Installer: Leroy Mikulencak OSI 1829 ☐ Unknown
- (5) Approximate Age: 8 1/2 ☐ 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) 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.

(TXR-1407) 1-7-04


Initialed for Identification by Buyer _____ and Seller EL me

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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.



Signature of Seller Date
Edgar Pavlicek

Signature of Seller Date

Receipt acknowledged by:

Signature of Buyer Date

Signature of Buyer Date

**FAYETTE COUNTY
ENVIRONMENTAL HEALTH DEPARTMENT**

151 N. Washington Rm 307 • La Grange, Texas 78945 • 979/968-6469 • 979/968-8621 Fax

APPLICATION FOR ON-SITE SEWERAGE FACILITY CONSTRUCTION

PERMIT VALID FOR ONE YEAR FROM DATE OF PURCHASE

Date 1-10-13 Permit Number 1010-012-001
NAME OF APPLICANT Elgar Pustinek Receipt Number 051201
MAILING ADDRESS P.O. Box 505
CITY/STATE/ZIP La Grange TX 77945 TELEPHONE 501 451 0142

DESCRIPTION OF PROPERTY WHERE OSSF IS TO BE CONSTRUCTED

911 Address FM 154 Box 505 La Grange TX 77945
Lot Size _____ Acres MFG, Home, Other Home Number of Bedrooms 3
Residential / Commercial/Exempt _____ Square Footage 2500

I/We hereby grant permission to the Fayette County Environmental Health Department personnel to enter upon the above described property for the purpose of inspecting the on-site sewerage facility.

[Signature] 1-10-13
Signature of Applicant / Agent Date

FOR USE BY THE ENVIRONMENTAL HEALTH DEPARTMENT ONLY

AUTHORIZATION TO CONSTRUCT ☒ Granted / Denied _____ Date 1/10/13 BY [Signature]

MINIMUM ENVIRONMENTAL HEALTH DEPARTMENT PERMIT REQUIREMENTS

TYPE SYSTEM REQUIRED Standard GPS _____
Septic Tank(s) 3 @ 500 Gallons EA Gallons 1500 Gallons Total
Pump Chamber 1 Gallons 10
Disposal System Standard Tank Linear Feet / Area 30' x 24" / 100 sq ft
Gallons Per Day Design Limit 2400 GPD Soil Type Class II B-7 GC
Remarks See drawings design Installer Larry Williams 012009

NOTICE OF APPROVAL TO OPERATE FACILITY

This serves to notify all persons that the on-site sewerage facility owned by the above has satisfied design, construction and installation requirements of the Fayette County Environmental Health Department. This Fayette County On-Site Sewerage Facility Permit is issued for the operation of the above-identified on-site sewerage facility.

[Signature] 2/4/13
FACILITY INSPECTION APPROVED / DISAPPROVED
Signature of Inspector Date Inspected