

## **INFORMATION ABOUT ON-SITE SEWER FACILITY**

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<u>COI</u>	NCERNING THE PROPERTY AT	18173 CR 4225 Frankston, TX 75763				
<b>A.</b>	DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPE	ERTY:				
(	(1) Type of Treatment System: 🗓 Septic Tank 🔲 Aerob	oic Treatment	Unknown			
(	(2) Type of Distribution System: <u>sprinkler (?)</u>		∑ Unknown			
	(3) Approximate Location of Drain Field or Distribution Syste $\stackrel{\textstyle \leftarrow}{}$	m: 50ft from walls	Unknown			
(	(4) Installer:		 			
(	(5) Approximate Age: <u>23 years</u>		Unknown			
	MAINTENANCE INFORMATION:					
(	(1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility?  If yes, name of maintenance contractor:					
(	(2) Approximate date any tanks were last pumped? <u> </u>	กอพท				
(	(3) Is Seller aware of any defect or malfunction in the on-site If yes, explain:		☐ Yes 🔀 No			
(	(4) Does Seller have manufacturer or warranty information a	vailable for review?				
C. I	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  ☐ maintenance contract ☐ manufacturer information ☐ warranty information ☐						
(	(2) "Planning materials" are the supporting materials that submitted to the permitting authority in order to obtain a p		•			
(	(3) It may be necessary for a buyer to have the peter transferred to the buyer.	ermit to operate an on-	site sewer facility			
(TXR	l-1407) 1-7-04 Initialed for Identification by Buyer,,	and Seller 🚓 ,	Page 1 of 2			

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>	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	Juita Dusturhoff Signature of Seller	<b>4</b> 5-1-2024 Date	
Estate of Mary Ann Locke, dec'd.		By: Anita Duesterhoft, Independent Executrix		
Receipt acknowledged by:				
Signature of Buyer	Date	Signature of Buyer	Date	

## Joey Ridgle's Septic and Sanitation, LLC Aerobic Inspection Form

Maintenance Provider License No. MP0001045

Routine Inspection Date: //7/2 / Permit #:           Owner: Mary Locke         Phone #:           Address: 18773 CL 1/22 / Film 18572 / GPD: GOO         GPD: GOO           System Type: Southern Plant Serial #: Compressor Serial #: 4 //S         Compressor Serial #: 4 //S									
Owner: MARY LOCK	Phone #:	Phone #:							
Address: 18773 (L	1/225 F	Z. S. B. B. C. S. F. B. B. C. S. C. S. F. B. C. S. C. S. F. B. C. S. C. S. F. B. C. S. C. S. S. C. S.	GPD:	COO					
System Type: Southean I	Plant Serial #:	Compressor Se	rial #: <u> 4/</u>	<u>}</u>					
Initial Inspection									
Before any corrections, repairs, or adjustments.									
Conditions									
1. Air Compressor:	Good)	Abnormal	_	<u> </u>					
2. Air Filter:	Clean	Dusty		Plugged					
3. Control Panel:	Operational	Inoperative	-	Corrosion					
4. Trash Tank:	Good	High Sludge Level	Chemic	als Plastics					
5. Clarifier:	Good	Floating Scum		High Sludge Level					
6. Effluent Clarity:	(Clear)	Discolored		Other					
7. Aeration Compartment:	(OK)	High Sludge Level		Odor					
8. Air Diffusion:	(OK)	Fair	Low	None					
9. Pump Tank:	(OK	Floating Scum	Grease	Sludge Level					
10. Chlorinator:	Chlorine present	in chlorinator?	Yes	No					
11. Effluent Pump:	Operational	Inoperative							
12. Disposal System:	Good	Fair		Poor					
AT CLOSE OF INSPECTION  1. PUMP BREAKER ON: YES / NO EXPLAIN  2. CONTROL BOX CLOSED: YES / NO EXPLAIN									
3. LIDS SECURE:	ÝES / NO								
4. LIDS NOT SECURE: T		AEROBIC TANK PUMP	TANK C	LARIFIER LIFT/PUMP					
5. CONTROL BOX SIGNE	$\mathbf{D:} \qquad \qquad \langle \mathbf{\hat{Y}ES} \rangle$	/ NO							
Corrections, repairs, adjustments, or replacements. Cooks Comm. Flores Flores									
Inches of Owner notified of inspection and By Mail   Other		Total Chlorine Residence No. If yes, what method was use INSPECTED BY:		appearance of the control of the con					
• Ray Seagroves 000	1170 • Landon Comp	oton 0001695 • Eli Ridgle 0001	611 • Steve \	Wyant 0002493 •					
• Isaiah Ri	dgle 0001447 • Georg	e Duncan 0002395 • Randall Y	Yowell 00025	91					
	_	90-							
Authoriz	zed Dealer Company	Name: Joey Ridgle's Septic and hison, TX 75778   P.O. Box 822	d Sanitation,						