

INFORMATION ABOUT ON-SITE SEWER FACILITY

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		ERNING THE PROPERTY AT		
Α.	DE	SCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:		
	(1)	Type of Treatment System:	□Unknown —	
	(2)	Type of Distribution System: <u>Spannecess</u> (3)	Unknown	
		Approximate Location of Drain Field or Distribution System: FIELD NEXT TO GARDEN (FENCED) AND GREEN BARN	□Unknown	
			_	
	(4)	Installer:	\timesUnknown	
	(5)	Approximate Age: 20 1/15	SUnknown	
В.	MA	INTENANCE INFORMATION:		
(1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? yes, name of maintenance contractor: **Reposit Services of South Texas** Phone: **Legal Services of South Texas** Contract expiration date: **Dec 31, 2023** (Maintenance contracts must be in effect to operate aerobic treatment and certain non-standarsite 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? If yes, explain:	☐ Yes 🔀 No	
	(4)	Does Seller have manufacturer or warranty information available for review?	□Yes ⊠No	
C.	PL	ANNING 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 OS □ maintenance contract □ manufacturer information □ warranty information □	SSF was installed	
	(2)	"Planning materials" are the supporting materials that describe the on-site sewer submitted to the permitting authority in order to obtain a permit to install the on-site sewer		
	(3)	It may be necessary for a buyer to have the permit to operate an on-site	e sewer facility	
(TA	R 14	transferred to the buyer. 07) 1-7-04 Initialed for Identification by Buyer: and Seller with and Seller with a sel	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
	225	400
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]	Signature of Seller	1 25 23 Date
Receipt acknowledged by:			
Signature of Buyer Date]	Signature of Buyer	Date

1153 FM 2673 Canyon Lake, TX 78133 Phone (830) 964-2365 Fax (830) 964-2659



Routine Maintenance and Inspection Agreement

General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between ______ (referred to as "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP349) (hereinafter referred to as "Contractor") located at 1153 FM 2673 Canyon Lake, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein.

This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

- 1. 3 inspections a year/services calls (at least one every 4 months), for a total of 3 over the **one year period** including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, and diffuser operation. Any alarm situation affecting the proper function of the Aerobic process will be address within a 48-hour time frame. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.
- **2.** An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.
- **3.** If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
- 4. The customer is responsible for the chlorine tablets; they must be filled before or during the service visit.
- **5**. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, and County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

The Homeowners Manual must be strictly followed or warranties are subject to invalidation. Pumping of sludge build-up is not covered by this policy and will result in additional charges.

ACCESS BY CONTRACTOR

The Contractor or anyone authorized by the Contractor may enter the property at reasonable times without prior notice for the purpose of the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of evaluations if necessary. Soil Is to be replaced with the excavated material as best as possible.

Termination of Agreement

Either party may terminate this agreement within ten days written notice in the event of substantial failure to perform in accordance with its terms by the other party without fault of the terminating party. If this Agreement

is so terminated, the Contractor will immediately notify the appropriate health authority of the termination.

Limit of Liability

In no event shall the Contractor be liable for indirect, consequential, incidental or punitive damages, whether in contract tort or any other theory. In no event shall the Contractor's liability for direct damages exceed the price for the services described in this Agreement.

Dispute Resolution

If a dispute between the Client and the Designer arises that cannot be settled in good faith negotiations then the parties shall choose a mutually acceptable arbitrator and shall share the cost of the arbitration services equally.

Entire Agreement

This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement either oral or written.

Severability

If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

HOME OWNER	SERVICE PROVIDER
Name 1/ 2- /	Aerobic Services of South Texas Inc. Name
Name 1041 Homestoal Address	
Address	Address
City, State	<u>Canyon Lake, Texas 78133</u> City, State
Phone	(830) 964 - 2365
Thone	Phone OS0024597 MP0000349
Signature of Home Owner	Thomas Hampton
	Signature of Service Provider and License #
EFFECTIVE DATE	////QEXPIRED DATE///5///S INSTALLED
Model #	Shedn Blower/Panel Serial #

Aerobic Services of South Texas 15188 FM 306 Canyon Lake, TX 78133



(830) 964-2365 Fax: (830) 964-2659 www.aerobicservices.com

To:	Corey	West		Tech:	Chris B	ausch			
	1041	Homestead Rid	ge	Phone:	(210) 910-980	0	Date:	2023-01-03	
	New B	Braunfels, TX 78	8132		(210) 910-980		Service	9	
Agency:	Coma	ıl					Due:		
County:	Coma								
Permit No:	83268	3							
Inspection T	ype:	Scheduled				_			
Item			Operational	Inoperative	N/A				
Aerator:			[X]	[]	[]		Air Pr	essure: -	
Irrigation pu	ımp:		[X]	[]	[]				
Air compres	sor:		[X]	[]	[]				
Disinfection	device	:	[X]	[]	[]				
Chlorine su	pply:		[X]	[]	[]				
Spray field v	egetat/	ion:	[X]	[]	[]				
Sprinkler / D	rip bad	ckwash:	[X]	[]	[]				
Controls / E	lectric	Circuits:	[X]	[]	[]				
Test Results	s and o	bservations: (As Required)						
rest nesults	and o	baci vationa. (/	na ricquircu)		Mixed Liquo	or			
Chlorine Residual:	0.0	05			Aeration:	-			
Test Method:	Dp	od			Sludge Lev	rels			
BOD:					Clarifier:	40			
TSS:	-				Pump:	2			
Access Ports Secured:	S	Yes [X] / NO])[
Repairs Mad	de:	res [] / NO [X]							
Repairs and Co	omments	s:							
10 m 20 m 20 m 20 m									
	G								
Inspector:					Date:	2023-	01-03		
			Ton Hommton VD						

Tom Hampton VP MP349/OS24597