

TEXAS REALTORS® **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 17898 Farm to Market Road 16, Lindale, Texas 75771

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? _____ (approximate date) 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	✓		
Liquid Propane Gas:	✓		
-LP Community (Captive)			✓
-LP on Property	✓		

Item	Y	N	U
Natural Gas Lines		✓	
Fuel Gas Piping:	✓		
-Black Iron Pipe	✓		
-Copper			✓
-Corrugated Stainless Steel Tubing			✓
Hot Tub	✓		
Intercom System			✓
Microwave	✓		
Outdoor Grill			✓
Patio/Decking	✓		
Plumbing System	✓		
Pool	✓		
Pool Equipment	✓		
Pool Maint. Accessories	✓		
Pool Heater	✓		

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	✓		
Public Sewer System			✓

Item	Y	N	U	Additional Information
Central A/C	✓			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: 2
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: 2
Other Heat		✓		if yes describe:
Oven	✓			number of ovens: 2 <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other:
Fireplace & Chimney	✓			<input type="checkbox"/> wood <input checked="" type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other:
Carport	✓			<input checked="" 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
Solar Panels		✓		<input type="checkbox"/> owned <input type="checkbox"/> leased from
Water Heater	✓			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: number of units: 2
Water Softener		✓		<input type="checkbox"/> owned <input type="checkbox"/> leased from



Other Leased Item(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	if yes, describe:
Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> automatic <input type="checkbox"/> manual areas covered: Area around the house; front, back, and sides
Septic / On-Site Sewer Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	if yes, attach Information About On-Site Sewer Facility (TXR-1407)

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 TXR-1906 concerning lead-based paint hazards).

Roof Type: composition shingles Age: 5 (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):

fireplace logs not currently working

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):

(Driveways) some cracks in concrete driveway
(Floors) some staining in wood floors
(Windows) one side window has sun damage

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 checked="" 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 Historic District		<input checked="" type="checkbox"/>
Historic Property Designation		<input checked="" type="checkbox"/>
Previous Foundation Repairs		<input checked="" type="checkbox"/>
Previous Roof Repairs		<input checked="" type="checkbox"/>
Previous Other Structural Repairs		<input checked="" type="checkbox"/>

Condition	Y	N
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 Damage Not Due to a Flood Event	<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"/>	
Previous Fires		<input checked="" type="checkbox"/>
Termite or WDI damage needing repair	<input checked="" type="checkbox"/>	
Single Blockable Main Drain in Pool/Hot Tub/Spa*		<input checked="" type="checkbox"/>



Previous Use of Premises for Manufacture of Methamphetamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary):

(Diseased Trees) some trees have irregularities on trunk
 (Underground Tanks) grease trap from kitchen sink

(Unplatted Easements) Water line on edge of property, do not know if plotted
 (Water Damage) some staining on wood flooring
 (Termites Repaired) some wood eating ant damage in Barn Office area (inactive)
 (Termite WDI Repair) Barn office trim damage, to be repaired

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

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):

Section 5. Are you (Seller) aware of any of the following conditions?* (Mark Yes (Y) if you are aware and check wholly or partly as applicable. Mark No (N) if you are not aware.)

Y N

- Present flood insurance coverage.
- Previous flooding due to a failure or breach of a reservoir or a controlled or emergency release of water from a reservoir.
- Previous flooding due to a natural flood event.
- Previous water penetration into a structure on the Property due to a natural flood.
- 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 as necessary):

***If Buyer is concerned about these matters, Buyer may consult Information About Flood Hazards (TXR 1414).**

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 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.

Section 6. 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).

Section 7. 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):

Section 8. 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, with unresolved 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. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)

Any death on the Property except for those deaths caused 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.

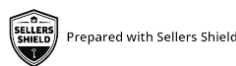
Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold.

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

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.

The Property is located in a propane gas system service area owned by a propane distribution system retailer.

Any portion of the Property that is located in a groundwater conservation district or a subsidence



district.

If the answer to any of the items in Section 8 is yes, explain (attach additional sheets if necessary):

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Section 9. 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

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Homestead | <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Wildlife Management | <input checked="" type="checkbox"/> Agricultural | <input type="checkbox"/> Disabled Veteran |
| Other: _____ | | Unknown |

Section 11. Have you (Seller) ever filed a claim for damage, other than flood damage, to the Property with any insurance provider? yes no

Section 12. 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:

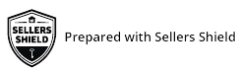
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Section 13. Does the Property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code?* unknown no yes. If no or unknown, explain. (Attach additional sheets if necessary):

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**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 installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.





INFORMATION ABOUT ON-SITE SEWER FACILITY

USE OF THIS FORM BY PERSON WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS®, INC, IS NOT AUTHORIZED
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CONCERNING THE PROPERTY AT 17898 Farm to Market Road 16, Lindale, Texas 75771

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

- (1) Type of Treatment System: Septic Tank Aerobic Treatment Unknown

- (2) Type of Distribution System: sprinkler aeration Unknown
- (3) Approximate Location of Drain Field or Distribution System: Unknown
SE of home
- (4) Installer: _____ Unknown
- (5) Approximate Age: 23 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: Joey Ridgle Septic Service

Phone: 9038523740 contract expiration date: 11/6/26

(Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard on-site sewer facilities.)

- (2) Approximate date any tanks last pumped? July 2023

- (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 material that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to instal 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.**

JOEY RIDGLE SEPTIC & SANITATION, LLC
JOEY RIDGLE - PRESIDENT
LIC. # OS- 6493
MAINTENANCE LIC. MP0001045

PO BOX 822 • Brownsboro, Texas 75756
8675 State Hwy. 31 E. Murchison, TX 75778
903-852-3740 / 903-469-4529 Fax
joeyridglessepticservice.com

AEROBIC WASTEWATER TREATMENT SYSTEM INSPECTION & MAINTENANCE AGREEMENT (NO REFUNDS OR PARTIAL REFUNDS ON MAINTENANCE CONTRACTS)

Joey Ridgle Septic & Sanitation, LLC. enters into contract with homeowner to assist in the proper operation of the aerobic system.

- Items to be inspected are aerators, diffusers, pumps, disinfection device, electrical circuits, distribution system, filters, and chlorine supply. All tanks that have access ports above surface (visible, accessible) including checks for scum, sludge level and odor, turbidity, color, and chlorine residual test will be taken at each visit. If a technician shows up to property and it is not accessible (locked gates, dogs, etc.), that will be documented as that routine inspection. We will not come back out until the next routine inspection.
- Frequency of visits: Residential-once every four months. *Residential-Tarrant Regional Water [Richland Chambers once every three months. Commercial property inspections as required by county. Inspections will be conducted in a geographical route sequence. The company will mark the system's inspection tag with the date of each service call. A copy of the service report will be left at the structure and a copy will be mailed to the local permitting authority within 14 days. Upon request, the inspection can be emailed/mailed to you.
- JOEY RIDGLE'S SEPTIC & SANITATION, LLC will respond to any emergency service request within a 48-hour period or customer ordered service between regular scheduled inspection visits should the situation occur. Customer ordered service calls and emergency service calls are NOT covered in this contract, and there will be a trip charge for all out of route service.
- The owner is financially responsible for repairing or replacing any needed items. No repairs will be made without the owner's prior permission. Any recommendations will be noted on this report.
- The owner is responsible for checking the chlorinator every week and adding calcium- based septic chlorine tablets as needed.
- The service contract will commence on the date that the system is approved for use by the local permitting authority or, if applicable, the date that the newly- built house is sold by the builder.
- If the company desires to terminate this contract or if the owner desires to renew this contract with another service company, then notification of that action will be made by both parties to permitting agency no later than 30 days prior to the change of the contract status. **IMPORTANT:** This warranty/service agreement does not cover the costs of customer ordered service calls, labor or materials which are required due to "misuse or abuse" of the system; failure to maintain electrical power to the system; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, grease, oil, etc., or any usage contrary to the requirements listed in the owner's manual or as advised by the authorized service representative. Additional service (as ordered by customer), replacement of out-of-warranty components, laboratory test work, or pumping of unit will be done upon authorization from the customer at an additional charge. Joey Ridgle's is certified by: Aqua-Safe, Aqua-Air, Cajun-Air, Clear Stream, Delta, Hoot, Hydro-Action, Multi-Flo, Nayadic, Norweco & Southern.

Please keep pink copy

Joey Ridgle Septic & Sanitation, LLC /Signature: 

Owner's Name: Noel Betheg

Signature: N. D. Betheg

Mailing Address: PO Box 1801

Property Address: 17898 FM 16 W Lindale 75771

Date Installed: _____

Customer Phone: 903 638 3992

Date of Renewal: 11/6/25

Manufacturer: Southern

Drip _____

Spray _____

Expires on: 11/6/26

Capacity: _____

Regulatory Agency: _____

PM Co. /Tenant: _____

BOD / TSS TESTING _____

1 Yr. Contract Fee: _____

TOTAL: \$ 210⁰⁰

E-mail Address: NVbetheg@ATT.NET

PERMIT # _____

For office use only: DATE RCVD 9-8-25

CHECK # 1416

CASH _____

CC _____

JOEY RIDGLE SEPTIC HAS PERMISSION TO RUN MY CREDIT CARD ON FILE

5/22/25

Please initial box for credit card use.

THOMAS A. BOEKER

*REGISTERED PROFESSIONAL SANITARIAN
& STATE CERTIFIED SITE EVALUATOR*

903-894-6051

12691 FM 2868 - Flint, Texas 75762

December 5, 2001

Mr. & Mrs. Russell Hall
17898 FM 16 W.
Lindale, Texas 75771

At your request, I have completed a site and soil evaluation and have prepared an on-site sewage system design proposal. This proposal is for the new 4 bedroom home you are building on a 8.434 acre tract which is located on FM 16 W. in rural Smith County, Texas.

You have stated you want to install an Aerobic Sewage System utilizing surface application to handle the treatment and disposal of the domestic sewage for this home. This decision was based on your desire to avoid any problems in the future due to the failure of a conventional septic system.

My field evaluation indicates this site is considered not suitable for a conventional septic system, because of the poor soil profile & seasonal saturation problems you will experience here. Your decision to install an aerobic system is considered an acceptable alternative by the State, which allows you to reuse the treated water on your yard as a conservation measure.

This proposal will call for the installation of a "Class-I Rated" Aerobic Unit with a 500 Gal/Day treatment capacity. Ahead of this Unit will be a 500 gallon tank for pretreatment. The effluent from this Aerobic Unit will be chlorinated prior to discharge into a 750 gallon pump chamber. It will then be sprinkled on the property through 3 sprinklers with 7,385 Sq. Ft. of application area.

This aerobic unit, system layout and its operation should be in accordance with the State's New O.S.S.F. Rules. Therefore, any issues not specifically addressed in this report are the responsibility of the system installer, who must accomplish these prior to final inspection by the Licensing Authority.



Thomas A. Boeker
Registered Sanitarian # 1797

SITE INFORMATION & SYSTEM DETAIL

Site & Soil Evaluation: This is a long narrow tract with a rolling topography. The soil profile in the proposed area of application shows about 18" inches of sandy loam soil then a sandy clay loam below this to 36" inches. This then changes to a clay soil to greater than > 48" inches in depth. At 36" inches the soil develops strong mottling with clear signs of "Redox" characteristics, indicating seasonal ground saturation problems at this level. This profile is considered a **Class IV** soil based on a field soil texture evaluation. This property is a natural water shed for much of the area upgrade from it and is subject to surface run-off which contributes to seasonal ground saturation problems. Site conditions present indicate this property is not suitable for a conventional septic system under the New State Rules. **NOTE:** No portion of this system is in a designated Flood Zone Area!

Minimum Area of Application: A State Rules allow for a 20% reduction in the estimated daily flow for a home with low flow fixtures. A 4 bedroom home with less than 3,500 Sq. Ft. of living area is required to have a minimum application area of 6,667 Sq. Ft. This area is based on the new Rules, using an application rate of .045 Gal/Sq.Ft./Day, where they assume a maximum occupancy of 5 people and a maximum daily water usage rate of 300 Gal/Day with low flow fixtures. The actual area to be covered in this design proposal will be 7,385 Sq. Ft.

Application Rate: 300 Gal. / 6,800 Sq. Ft. = .0406 Gal/Sq.Ft./Day.

Pre-Treatment Tank: A 500 gallon septic tank will be ahead of the Aerobic Unit to serve as pre-treatment. This will help to prevent grease, solids and other undigestible matter from entering the Aerobic System. If this home has a kitchen garbage disposal, I recommend an effluent filter Model # A-1800 by "Zabel" be installed on the outflow line.

Aerobic Unit: A Southern Aerobic Unit with a 500 Gal/Day treatment capacity will be installed at this location. **Note:** All access lids and connecting risers attached to this Unit must be properly sealed at the time of installation or infiltration of ground water and surface run-off water can cause this system to fail! It is the responsibility of the Installer to insure this has been done!

Pump Chamber & Reserve Volume: The sprinkler pump chamber will be a 750 gallon concrete tank and should use at least a 1/2 hp. pump, to be specified by the Installer. This tank will have a high water alarm wired on a separate circuit from the pump. This will provide the required reserve volume should there be a pump failure and must at least 1/3 of the daily flow after the alarm is activated. If setback distances from property lines are reduced to 10 ft. a commercial irrigation timer is required which must be set to spray between midnight and 5:00 am. When a timer is required there shall be at least one day of storage capacity between the pump-on level and the alarm-on level. **Note:** All access lids and connecting risers attached to this tank must be properly sealed at the time of installation or infiltration of ground water and surface run-off water can cause this system to fail! It is the responsibility of the Installer to insure this has been accomplished.

Method of Disinfection for Effluent: A tablet type chlorinator will be installed following the aerobic unit to disinfect the effluent. Property owners are responsible for maintaining an adequate supply of chlorine in the system at all times.

Sprinkler Heads: The 1" inch pressure line from the pump chamber will distribute the effluent to 3 sprinkler heads with a 28 ft. radius and a 360 degree spray pattern. These heads must be the low angle type, specified by the Installer, with a maximum inlet pressure of 40 psi. If line pressure to sprinklers is higher than 40 psi, a pressure release valve with accurate pressure gauge may be required. An effluent sampling valve must also be installed in the pump chamber.

Set Back Distances: All set-back distances have been observed.

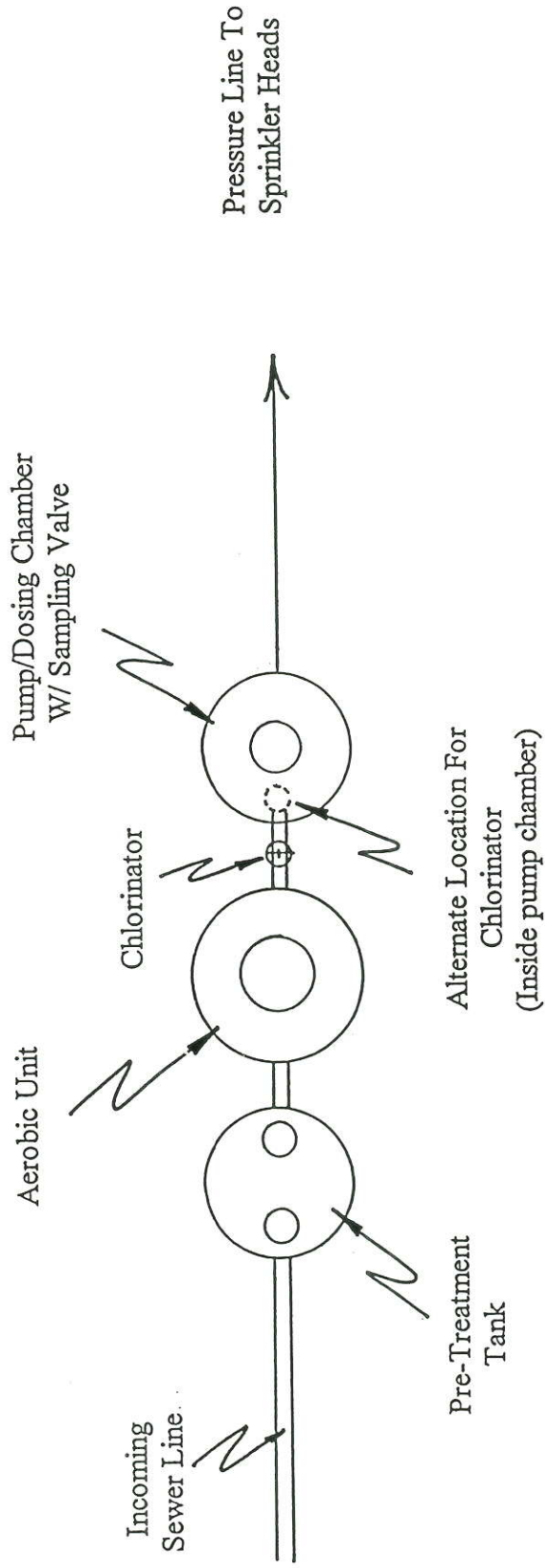
Landscape Plan & Site Improvements: No additional ground cover will have to be applied since there is an established grass cover.

Maintenance Agreement Contract: The Installer must provide maintenance agreement contract to the home owner to cover the aerobic system for the first two years. The home owner understands that the contract must be renewed after this original period ends. Contracts must meet the minimum requirements outlined in the O.S.S.F. Rules of the T. N. R. C. C.

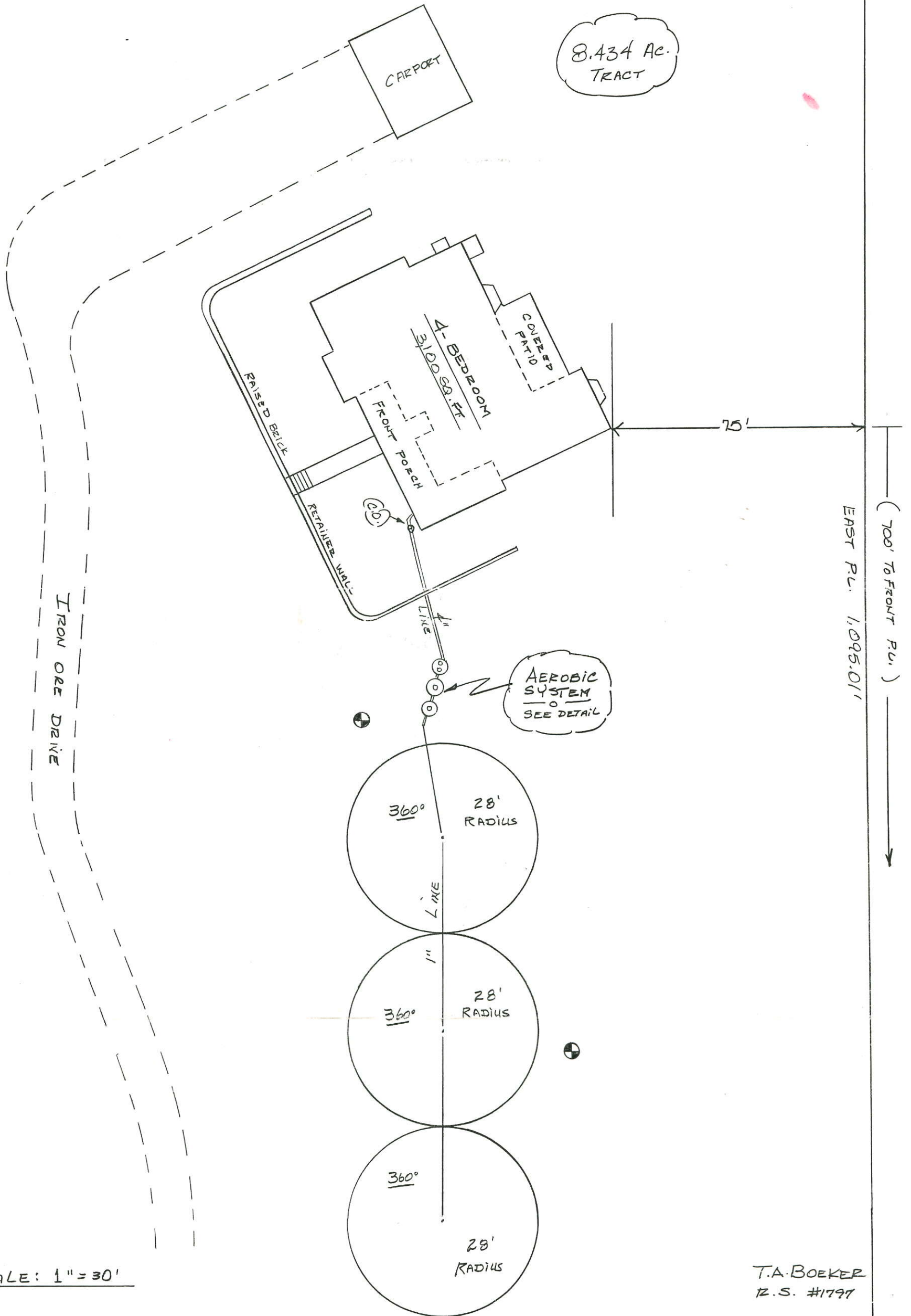
Certification Document Requiring Maintenance Of OSSF System: When a surface application system is proposed, a "Certification Document" with a legal description of the property must be filed in the County Courthouse and a copy turned in to the Permitting Authority, before this system can be approved & inspected.

***Disclaimer Statement:** This design proposal has been prepared in accordance with the O.S.S.F. Rules by the Texas Natural Resource & Conservation Commission. This proposal indicates only that a system can be installed here which meets the estimated flow rates established by these State Rules. The proper performance of this system can not be guaranteed even when provisions of the Rules have been met. A properly designed system can malfunction if the property owner abuses & neglects it or does not operate the system within the limits or flow capacity it has been designed for. Also, careless practices, unprofessional work or poor maintenance service on the part of the Installer or service provider can cause a system malfunction & failure. Regardless of the system's performance, in no way is the designer responsible or liable should this system malfunction at any time in the future. Resource & Conservation Commission.*

DETAIL OF AEROBIC SEWAGE TREATMENT SYSTEM



ON-SITE AEROBIC SEWAGE SYSTEM DESIGN LAYOUT:
 CLASS-I AEROBIC UNIT 500 GAL/DAY TREATMENT CAPACITY,
500 GALLON PRETREATMENT TANK, 750 GALLON PUMP CHAMBER,
3 SPRINKLERS WITH 7,385 SQ. FT. OF APPLICATION AREA



SMITH COUNTY APPLICATION FOR A PERMIT TO CONSTRUCT A PRIVATE, ON-SITE, SANITARY SEWER DISPOSAL SYSTEM

A COPY OF THIS APPLICATION, WITH APPROVAL SIGNATURE BELOW, WILL SERVE AS YOUR "AUTHORIZATION TO CONSTRUCT."
A COPY OF THIS APPLICATION, WITH SECOND APPROVAL SIGNATURE BELOW, WILL SERVE AS YOUR "NOTICE OF APPROVAL."

APPLICATIONS ARE REVIEWED BETWEEN 8:00 AND 11:00 A.M. MONDAY - THURSDAY OR BY APPOINTMENT
at the office of James Huggins, Rosedale Env. Services, 4411 Old Bullard Rd, #702, Tyler, TX 75703, 903-509-3400
(1/2 block south of Loop 323, across from and west of the mall, immediately south of Haverty's Furniture Store)

- Property Owner's Name: Russell & Sonya Hall Day Phone: 881-8830
- Owner's Mailing Address: P.O. Box 580 City: Lindale Zip: 75771
- Physical Address of 17898 FM 16 W. City: Lindale Zip: 75771
proposed or existing system: 911 Street Address (Not Route # or P.O. Box) Call 581-8911 to obtain a street address.
- Subdivision: N/A Lot: _____ Block: _____ Size of Lot / Acreage 2.434
- Type of Structure? New Building OR Existing Building _____ Year Built _____
- Residence: Number of Bedrooms? 4 Size of heated and cooled space? 3100 sq. ft.
- Commercial/institutional: (describe) N/A #of employees _____
- Does this structure have "water saving" plumbing fixtures? YES (Discuss this question with your system designer.)
- What is the estimated wastewater flow based upon the above information? 300 GPD (Obtain this number from your designer.)
- Source of water? _____ private well or Public Water Supply (Name of supplier) CRYSTAL W.S.C.
- Proposed Licensed Installer: MARK COMPTON License # 5204
- What is the type and size of the proposed treatment unit? AEROBIC SYSTEM: 500 G.P.D.
- What is the type and size of the proposed disposal system? SURFACE APPLICATION: 7,385 #
- Other pertinent information? _____

I, the land owner, certify that the above information is true and correct to the best of my knowledge. All existing and proposed surface improvements are correctly shown on the attached planning materials. I agree to install, operate and maintain this system in conformance with existing and future TNRCC regulations as published in 30 TAC 285. I also agree to abide by the terms of the attached "inspection contract" (if applicable). I acknowledge that I am solely responsible for controlling the type and minimizing the amount of sewage that is discharged into the system so that the system will not become a nuisance or health hazard. I understand that this permit application will expire in twelve months. If I fail to call for an inspection and obtain final permit approval before the permit expires, then I will submit a new permit application and pay another full permitting fee as described below. I will not build any surface improvement on this property that will infringe upon the space required for sewage treatment and disposal.

Russell Hall
Property Owner's Name (typed or printed)

[Signature]
Property Owner's Signature

FEES: Existing conventional septic system upgrade with new septic components.....\$160.00 OR
 New conventional septic system installation at new construction or MH move-in\$210.00 OR
 All Aerobic spray or drip systems or any other system requiring the submittal
 of special planning materials and an inspection contract.....\$260.00
 PLUS (if applicable)
 Administrative penalty due to a validated complaint being filed against you\$100.00
 All fees are paid in advance. Make checks payable to Rosedale Environmental Services.

APPROVED FOR CONSTRUCTION BY: [Signature] PERMIT# 01080201
James C. Huggins, Smith County D.R. 6999

INSPECTED AND APPROVED FOR USE BY: [Signature] DATE 1/10/02
James C. Huggins, Smith County D.R. 6999

THIS COMBINATION "AUTHORIZATION TO CONSTRUCT" AND "NOTICE OF APPROVAL", WHEN SIGNED TWICE BY MR. HUGGINS AND ACCOMPANIED BY THE APPROVED "PLANNING MATERIALS" IS THE FINAL "PERMIT."

WARRANTY SHEET

Dealer/Installer and Owner must fill out completely, sign and file this form with Southern Mfg. Co. within (21) days of installation date or date of initial operation or ALL WARRANTIES ARE VOID. By signing this, Owner acknowledges receipt of Owner's Manual, including the service contract, and Owner acknowledges that Dealer/Installer has instructed Owner on proper use of the Southern Aerobic System.

Send original warranty sheet to:
Southern Mfg. Co.
PO Box 3615
Port Arthur, Texas 77643-3615
(409) 962-4501
(PLEASE PRINT CLEARLY)

Plant Ser. # <u>22030</u>	Control Panel Ser. # <u>122629 X 01346</u>
Compressor Ser. # <u>TVJ 100371</u>	Submersible Pump Ser. # <u>N/A</u>
Distributor <u>LINC SEPTIC</u>	Date of Installation <u>1-8-02</u>
Address <u>19898 FM 16 W 10001 FM 37 N</u>	Date of Initial Operation <u>1-8-02</u>
Owner Name <u>Russell Hall</u>	Dealer/Installer <u>LINC SEPTIC</u>
Address <u>17898 FM 16 W</u>	Address _____
City/Town <u>WINDYME</u>	City/Town _____
State <u>TX</u> Zip _____	State _____ Zip _____
Phone # _____	Phone # <u>903-852-3245</u>
Local Regulatory Agency:	Initial Service will be performed by:
Name <u>Rosedale Enviro. Serv.</u>	Name <u>Joey Riddle</u>
City <u>Tyler</u>	City _____
State <u>TX</u>	State _____
Contact <u>Jim Higgins</u>	Contact <u>Joey 903-852-3740</u>

Type of Installation

Residential:	Commercial:
Number of Residents <u>4</u>	Type of Business _____
Garbage Disposal (Y or N) <u>Y</u>	Number of Occupants _____
Wastewater Disposal Method <u>spray</u>	

ADDRESS AND GEOGRAPHIC DIRECTIONS TO INSTALLATION SITE:

DEALER/INSTALLER:

(Signature)

(Printed Name)

OWNER:

(Signature)

(Printed Name)

PLEASE SEND

ORIGINAL COPY-SOUTHERN MFG. / YELLOW COPY-INSTALLER / PINK COPY-HOMEOWNER / GOLD COPY-REGULATOR