



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

CONCERNING THE PROPERTY AT

226 Indian Shore
Livingston, Texas 77351

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

- (1) Type of Treatment System: Septic Tank Aerobic Treatment Unknown
- (2) Type of Distribution System: SPRINKLERS Unknown
- (3) Approximate Location of Drain Field or Distribution System: FRONT HOUSE, LEFT & ~~RIBB~~ RIGHT SIDES Unknown
- (4) Installer: RURAL WASTEWATER SYSTEMS Unknown
- (5) Approximate Age: 20 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: _____
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? 5 YEARS
- (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 [Signature]

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>	<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
<u>Single family dwelling (4 bedrooms; less than 3,500 sf)</u>	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.

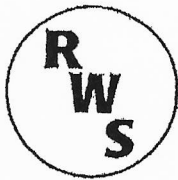
 9/20/19
Signature of Seller Date
Michael B. Johnson

Signature of Seller Date

Receipt acknowledged by:

Signature of Buyer Date

Signature of Buyer Date



15001-2 ~~12001-2~~ copy
Rural Wastewater Systems

*ARRA
Jenkins
3/27/99*

P. O. Box 3123 Keltys Station • Lufkin, Texas 75903-3123 • (409) 637-7301

Reed Brooks
Rt. 9 Box 1574
Livingston Tx 77351

2-23-99
Job #P-841

This single-family residence is located in Indian Hills Heights #2, Block 5, Lots 10, 11, & part of 12, on Lake Livingston in Polk County, Texas.
(See attached maps and descriptions)

DESIGN CRITERIA

Water Source:	Public
Type Dwelling:	House/2900 sq.ft.
Number of Bedrooms:	3
Number of Persons:	4
Estimated Flow:	240 gal/day
AEROBIC TREATMENT SYSTEM WITH SPRAY IRRIGATION	
Land Disposal Application Rate:	0.041 gal/sq.ft./day
Area Required:	5853.66 sq.ft.

Area Designed:	11 sprinklers
	Irregular area See attached sheet
Total:	6228.00 sq.ft.

Timer-night spray

Soil Information:	Loamy sand 0-6"
	Clay 6"+
	Slope: 6%
	Native grasses
	cover application area

AEROBIC SYSTEM

Trash Tank

Manufacturer/Model No.:

500 gal.

Clearstream 500N

500 gal/day treated

Pump Tank:

500 gal.

Pump:

Clearstream P20, 1/2 HP or equiv.

Timer:

Timer-Night Spray

Chlorination:

Clearstream Model 121

Tablet Chlorinator

Alarms:

Audible & visible high water alarm, on separate circuit from pump

Final Disposal:

Surface irrigation

(11) Rainbird Sprinklers

Divided into 2 or 3

alternating zones

Installer: Buddy Whatley, R.I. # 1713

This system must be installed and maintained in accordance with all standards set by the Texas Natural Resource Conservation Commission and the Trinity River Authority. This consultant does not represent or warrant the operation or proper performance of this system for any period of time. Every attempt has been made to accurately depict the location of lines, plant, tanks, sprinklers, etc. Construction realities may necessitate minor design changes. Any major changes will be submitted before construction. This report and drawings are based on an on-site inspection of the property.

Designer: Bob Harbuck, R.S.#TX 2419
Site Evaluator OS#6696

Calculations:

1. House
3 bedrooms, 4 persons
240 gal/day
 2. 240 gal. / .041gal/sq.ft./day = 5853.66 sq.ft. required
 3. Irregular area See attached sheet 11 sprinklers
- Total: 6228.00 sq.ft. designed

4. Variances requested:

We need to spray up to the property lines on the east, west and south sides.

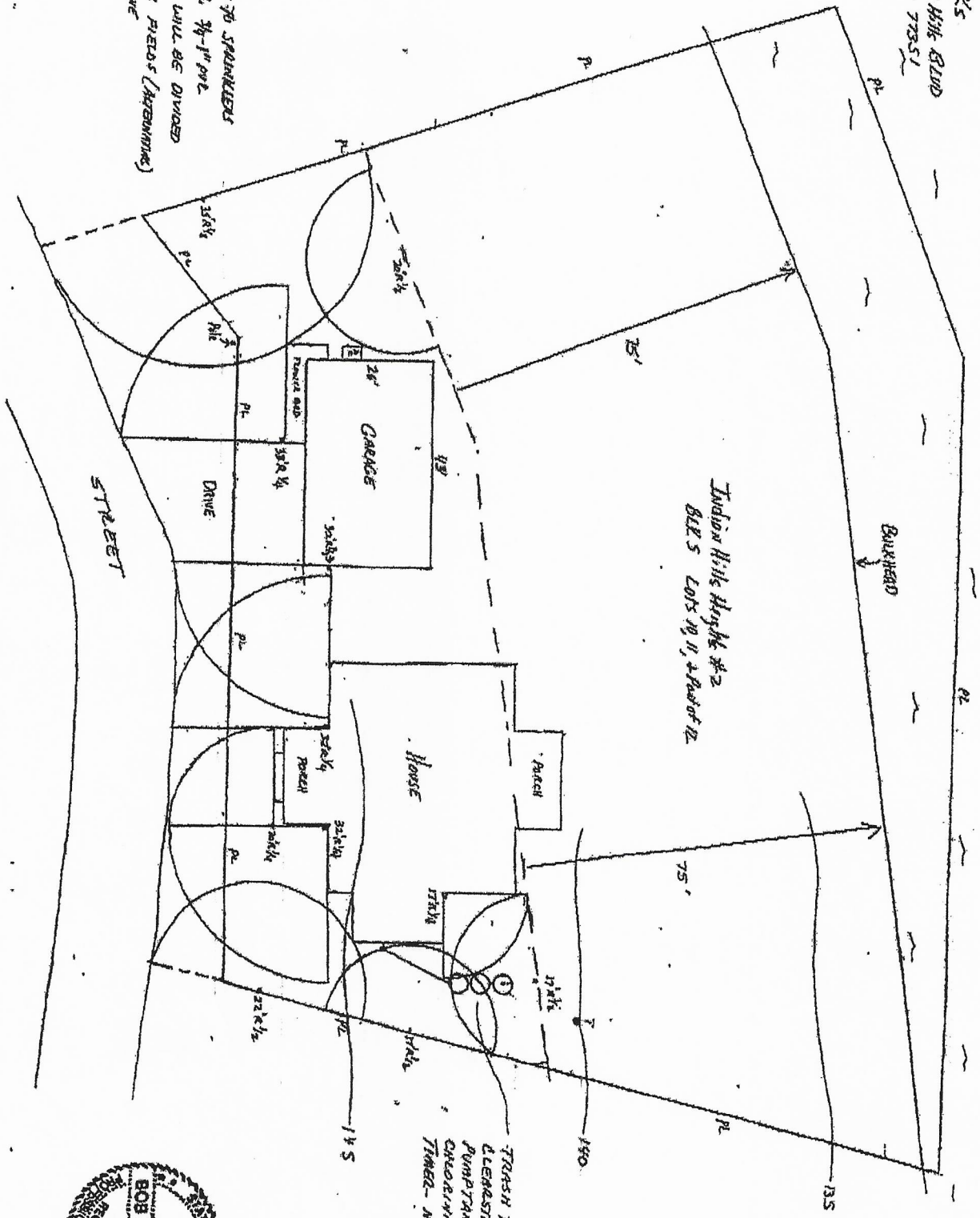
The adjacent homeowners have not objections. Their names are as follows:

Gordon Hall (east side)
6616 Belmont
Houston, Tx 77005 713-667-3567

J. C. Watson (west side)
Lufkin, Tx

In my professional opinion, the conditions of this site will allow this system to operated while providing protection to the public health and environment which is equivalent to the Construction Standards.

SITE DRAWING
 REED BROOKS
 4510 INDIAN HILL BLVD
 LUNNISTON, TX 77351
 942-SR0004



Notes: SUPPLY LINE TO SPRINKLERS
 NOT SHOWN, 3/4" - 1" PVL
 SPRINKLERS WILL BE DIVIDED
 INTO 40' x 3' FIELDS (ALTERNATING)
 K-ROU VALVE

1" = 20'

Cleanstream Waste water System



**CLEARSTREAM WASTEWATER SYSTEMS, INC.
INSTALLATION SHEET**

Customer and Distributor must sign and file this form with Clearstream within fourteen (14) days after installation or All CLEARSTREAM EQUIPMENT WARRANTIES ARE VOID. By signing this, Customer acknowledges receipt of Owner's Manual, including the Distributor Service Contract and Clearstream Limited Warranty; and that Distributor or Distributor's representative, has instructed Customer on the proper use of the Clearstream Wastewater Treatment Equipment installed. Customer also acknowledges and understands that the Distributor or Installer of Customer's On-site Wastewater System is an independent contractor and not an employee or agent of Clearstream Wastewater Systems, Inc.

Send original installation sheet to:
CLEARSTREAM WASTEWATER SYSTEMS, INC.
P. O. Box 9337
Beaumont, Texas 77709

Tank Ser. # _____
 Distributor ~~Beaumont~~ *Beaumont*
 Customer *Beaumont*
 Address *Rt 9 Box 1574*
 City *Beaumont*
 State *Texas* Zip *77751*
 Phone # *409 867 2277*
 Licensing Regulatory Agency:
 Name *TRA*
 City *Beaumont*
 State *Texas*

Aerator Ser. # *25285*
 Date Installed *3/27/99*
 Installer *R.P. White*
 Address *Rt 10 Box 1415*
 City *Beaumont*
 State *Texas* Zip *77751*
 Phone # *409 867 4836*
 Service will be performed by:
 Name *C.W. Coats*
 City *Beaumont*
 State *Texas*

Type of Installation

Residential:
 Number of Residents *2*
 Garbage Disposal (Y or N) *Y*
 Wastewater Disposal Method Used: _____

Commercial:
 Type of Business _____
 Number of Occupants _____

IF IRRIGATION METHOD USED, PLACE PUMP SERIAL # HERE *0019033*

ADDRESS AND GEOGRAPHIC DIRECTIONS TO INSTALLATION SITE:

DISTRIBUTOR
Buddy P. White
 (Signature)
Buddy P. White
 (Printed Name)

CUSTOMER
C. W. Coats
 (Signature)

 (Printed Name)

LAKE LIVINGSTON SEPTIC

936-433-6868 lakelivingstonseptic@gmail.com

2001

4206 FM 2457 Livingston, TX 77351

WASTEWATER MAINTENANCE AGREEMENT

Customer Name: MICHAEL JOHNSON

Street Address: 226 INDIAN SHOPE

City / State / Zip: LIVINGSTON, TX 77351

Phone Number: 713-247-9343 2nd#: _____

Email: _____

Special Requests: _____

Lake Livingston Septic will maintain the sewage treatment system at the above location for
the period of

1 year(s), beginning 1/8/19 and ending 1/8/20, every 4 months.

During this period, we will conduct a total of 3 visual inspections. These inspections will consist of test of chlorine residual and pH. We will visually inspect the treatment plant, effluent quality color, turbidity, odor, sludge, and scum build up. A mechanical and visual inspection will include aerator, irrigation pump, lines and fittings. We will visually inspect the irrigation pump station, spray heads, pressure lines, and other tanks, pumps, and filters.

This agreement will not cover costs of service calls, labor and/or materials which are due to "mis-use" or "abuse" or anything that is not covered under factory warranty of the system: replacement of spray heads, failure to maintain electrical power to the system, sewage flows exceeding hydraulic/organic design capabilities, non biodegradable materials, chemicals, solvents, grease, oil, paint, etc., or any usage contrary to the requirements listed in the owner's manual or as advised by an authorized service representative.

Home owner is responsible for disinfection. This includes adding approved chlorine tablets for sewage treatment plants. Lake Livingston Septic, Inc. has a 48-hour response time for emergencies.

The required annual BOD's and TSS laboratory sample collection will not be included in this contract.

Owner Signature: Michael Johnson Date: 01/8/2019

Printed Name: MICHAEL JOHNSON

Maintenance Operators Signature: Sean Shepard Maint. Provider #MP000282

Plant Make / Model: Clearstream 500N

Plant Serial No: NA Permit No.: _____

Thank you for choosing Lake Livingston Septic for your Maintenance Provider!



OWNER'S MANUAL

SERIES P20 4" SUBMERSIBLE PUMP

Two Wire, 1/2 HP, 115 Volt, 60 Hz

Installation • Operation

LIMITED WARRANTY

Clearstream warrants to the original consumer of the products listed below, that they will be free from defects in material and workmanship for the Warranty Period from the date of installation as noted.

Product	Warranty Period
4" Submersible Pump	2 year

Our warranty will not apply to any product that has been subject to negligence, misapplication, improper installation or maintenance.

Buyer's only remedy and Clearstream's only duty is to repair or replace defective products (at Clearstream's choice). Buyer agrees to pay all labor and shipping charges associated with this warranty and to request warranty service through the installing dealer as soon as a problem is discovered. If warranty service is requested after the Warranty Period has ended, it will not be honored.

CLEARSTREAM SHALL NOT BE LIABLE FOR ANY CONSEQUENTIAL, INCIDENTAL, OR CONTINGENT DAMAGES WHATSOEVER.

THE FOREGOING WARRANTIES ARE EXCLUSIVE AND IN LIEU OF ALL OTHER EXPRESS WARRANTIES. IMPLIED WARRANTIES, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, SHALL NOT EXTEND BEYOND THE WARRANTY PERIOD PROVIDED HEREIN.

Certain states do not permit the exclusion or limitation of incidental or consequential damages or the placing of limitations on the duration of an implied warranty, therefore, the limitations or exclusions herein may not apply. This warranty sets forth specific legal rights and obligations, however, additional rights may exist, which may vary from state to state.

Supersedes all previous publications.

Clearstream, P.O. Box 9337, Beaumont, TX 77709

CLEARSTREAM
P.O. Box 9337, Beaumont, TX 77709

LAKE LIVINGSTON SEPTIC

936-433-6868

al:livingstonseptic@gmail.com

2001

4206 FM 2457 Livingston, TX 77351

SEPTIC SYSTEM MAINTENANCE

SYSTEM OWNER		MICHAEL JOHNSON		INSPECTION DATE		1/08/2019							
ADDRESS								226 INDIAN SHORE					
CITY				LIVINGSTON		COUNTY		POLK		ZIP		77351	
SYSTEM MAKE				Clearstream				PERMIT #		POLICY #			
INSPECTED ITEM		OPERATIONAL		NOT OPERATIONAL		COMMENTS							
AERATORS / AIR FILTER		✓											
DRIP FILTERS		N/A											
EFFLUENT PUMPS		✓											
PUMPS (OTHERS)		N/A											
DISINFECTION DEVICE		✓											
ELECTRICAL CIRCUITS		✓											
DISTRIBUTION SYSTEM		✓											
TRASH TANK / SLUDGE		✓											
AEROBIC TANK		✓				12"							
PUMP TANK / SLUDGE		✓				5"							
AUTO DIALER		N/A											
TEST		REQUIRED		RESULTS				TEST METHOD					
BOD (Grab)		<input type="checkbox"/> YES <input type="checkbox"/> NO		_____				_____					
TSS (Grab)		<input type="checkbox"/> YES <input type="checkbox"/> NO		_____				_____					
C12 (Grab)		<input type="checkbox"/> YES <input type="checkbox"/> NO		_____				_____					
FECAL COLIFORM		<input type="checkbox"/> YES <input type="checkbox"/> NO		_____				_____					
PH		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		7.5				_____					

REPAIRS / COMMENTS (LIST ALL COMPONENTS REPLACED)

All lids secured

INSPECTOR SIGNATURE

Jana Skaggs

MAINTENANCE PROVIDER #MP0000282

WHITE: LAKE LIVINGSTON SEPTIC

YELLOW: COSTUMER COPY

LAKE LIVINGSTON SEPTIC

936-433-6868 lakelivingstonseptic@gmail.com

2086

4206 FM 2457 Livingston, TX 77351

SEPTIC SYSTEM MAINTENANCE

SYSTEM OWNER <i>Michael Johnson</i>		INSPECTION DATE <i>5/1/19</i>	
ADDRESS <i>226 Indian Shore</i>			
CITY <i>Livingston TX</i>	COUNTY <i>Polk</i>		ZIP <i>77351</i>
SYSTEM MAKE <i>Clearstream</i>	PERMIT #	POLICY #	

INSPECTED ITEM	OPERATIONAL	NOT OPERATIONAL	COMMENTS
AERATORS / AIR FILTER	✓		
DRIP FILTERS	✓		
EFFLUENT PUMPS	✓		
PUMPS (OTHERS)	✓		
DISINFECTION DEVICE	✓		
ELECTRICAL CIRCUITS	✓		
DISTRIBUTION SYSTEM	✓		
TRASH TANK / SLUDGE	✓		
AEROBIC TANK	✓		
PUMP TANK / SLUDGE	✓		12" 4"
AUTO DIALER	✓		

TEST	REQUIRED	RESULTS	TEST METHOD
BOD (Grab)	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
TSS (Grab)	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
C12 (Grab)	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
FECAL COLIFORM	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
PH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>6.8</i>	

REPAIRS / COMMENTS (LIST ALL COMPONENTS REPLACED)

All lids secured

INSPECTOR SIGNATURE

Jim Shepherd

MAINTENANCE PROVIDER #MP0000282

WHITE: LAKE LIVINGSTON SEPTIC YELLOW: COSTUMER COPY

LAKE LIVINGSTON SEPTIC

TRA

936-433-6868 lakelivingstonseptic@gmail.com

2320

4206 FM 2457 Livingston, TX 77351

SEPTIC SYSTEM MAINTENANCE

SYSTEM OWNER MICHAEL JOHNSON		INSPECTION DATE 9-4-19	
ADDRESS 226 INDIAN SHORE			
CITY LIVINGSTON		COUNTY POLK	ZIP 77351
SYSTEM MAKE CLEARSTREAM 500N		PERMIT # 042-S10-0004	POLICY # 00246
INSPECTED ITEM	OPERATIONAL	NOT OPERATIONAL	COMMENTS
AERATORS / AIR FILTER	✓		
DRIP FILTERS	✓		
EFFLUENT PUMPS	✓		
PUMPS (OTHERS)	N/A		
DISINFECTION DEVICE	✓		
ELECTRICAL CIRCUITS	✓		
DISTRIBUTION SYSTEM	✓		
TRASH TANK / SLUDGE	✓		
AEROBIC TANK	✓	12"	
PUMP TANK / SLUDGE	✓	5"	
AUTO DIALER	N/A		
TEST	REQUIRED	RESULTS	TEST METHOD
BOD (Grab)	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
TSS (Grab)	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
C12 (Grab)	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
FECAL COLIFORM	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
PH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6.9	_____

REPAIRS / COMMENTS (LIST ALL COMPONENTS REPLACED)

ALL LEADS SECURED

INSPECTOR SIGNATURE

Jim Sheppard

MAINTENANCE PROVIDER #MP0000282

WHITE: LAKE LIVINGSTON SEPTIC

YELLOW: COSTUMER COPY