



## 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 25118 Broughton St  
Spring, TX 77373-6066

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			X
Carbon Monoxide Det.	X		
Ceiling Fans	X		
Cooktop	X		
Dishwasher	X		
Disposal	X		
Emergency Escape Ladder(s)		X	
Exhaust Fans	X		
Fences	X		
Fire Detection Equip.			X
French Drain		X	
Gas Fixtures	X		
Natural Gas Lines	X		

Item	Y	N	U
Liquid Propane Gas:		X	
-LP Community (Captive)		X	
-LP on Property		X	
Hot Tub		X	
Intercom System		X	
Microwave	X		
Outdoor Grill		X	
Patio/Decking	X		
Plumbing System	X		
Pool	X		
Pool Equipment	X		
Pool Maint. Accessories	X		
Pool Heater	X		

Item	Y	N	U
Pump: sump grinder		X	
Rain Gutters	X		
Range/Stove	X		
Roof/Attic Vents	X		
Sauna		X	
Smoke Detector	X		
Smoke Detector - Hearing Impaired			X
Spa	X		
Trash Compactor		X	
TV Antenna			X
Washer/Dryer Hookup	X		
Window Screens	X		
Public Sewer System		X	

Item	Y	N	U	Additional Information
Central A/C	X			X electric gas number of units: 1
Evaporative Coolers		X		number of units: N/A
Wall/Window AC Units	X			number of units: 1
Attic Fan(s)		X		if yes, describe: N/A
Central Heat	X			electric X gas number of units: 1
Other Heat		X		if yes, describe: N/A
Oven	X			number of ovens: 1 electric X gas other:
Fireplace & Chimney	X			X wood gas logs mock other: Plumbed for gas logs
Carport		X		attached not attached
Garage	X			attached X not attached
Garage Door Openers	X			number of units: 1 number of remotes: 1
Satellite Dish & Controls		X		owned leased from:
Security System		X		owned leased from:
Solar Panels		X		owned leased from:
Water Heater	X			electric X gas other: number of units: 1
Water Softener		X		owned leased from:
Other Leased Items(s)		X		if yes, describe:

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25118 Broughton St  
Spring, TX 77373-6066

Concerning the Property at \_\_\_\_\_

Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	automatic	manual	areas covered:
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: SHINGLE Age: 3 years (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): \_\_\_\_\_

**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	Item	Y	N	Item	Y	N
Basement		<input checked="" type="checkbox"/>	Floors		<input checked="" type="checkbox"/>	Sidewalks		<input checked="" type="checkbox"/>
Ceilings		<input checked="" type="checkbox"/>	Foundation / Slab(s)		<input checked="" type="checkbox"/>	Walls / Fences		<input checked="" type="checkbox"/>
Doors		<input checked="" type="checkbox"/>	Interior Walls		<input checked="" type="checkbox"/>	Windows		<input checked="" type="checkbox"/>
Driveways		<input checked="" type="checkbox"/>	Lighting Fixtures		<input checked="" type="checkbox"/>	Other Structural Components		<input checked="" type="checkbox"/>
Electrical Systems		<input checked="" type="checkbox"/>	Plumbing Systems		<input checked="" type="checkbox"/>			
Exterior Walls		<input checked="" type="checkbox"/>	Roof		<input checked="" type="checkbox"/>			

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_

**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	Condition	Y	N
Aluminum Wiring		<input checked="" type="checkbox"/>	Radon Gas		<input checked="" type="checkbox"/>
Asbestos Components		<input checked="" type="checkbox"/>	Settling		<input checked="" type="checkbox"/>
Diseased Trees: oak wilt		<input checked="" type="checkbox"/>	Soil Movement		<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property		<input checked="" type="checkbox"/>	Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Fault Lines		<input checked="" type="checkbox"/>	Underground Storage Tanks		<input checked="" type="checkbox"/>
Hazardous or Toxic Waste		<input checked="" type="checkbox"/>	Unplatted Easements		<input checked="" type="checkbox"/>
Improper Drainage		<input checked="" type="checkbox"/>	Unrecorded Easements		<input checked="" type="checkbox"/>
Intermittent or Weather Springs		<input checked="" type="checkbox"/>	Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Landfill		<input checked="" type="checkbox"/>	Water Damage Not Due to a Flood Event		<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/>	Wetlands on Property		<input checked="" type="checkbox"/>
Encroachments onto the Property		<input checked="" type="checkbox"/>	Wood Rot	<input checked="" type="checkbox"/>	
Improvements encroaching on others' property		<input checked="" type="checkbox"/>	Active infestation of termites or other wood destroying insects (WDI)		<input checked="" type="checkbox"/>
Located in Historic District		<input checked="" type="checkbox"/>	Previous treatment for termites or WDI		<input checked="" type="checkbox"/>
Historic Property Designation		<input checked="" type="checkbox"/>	Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Previous Foundation Repairs		<input checked="" type="checkbox"/>	Previous Fires		<input checked="" type="checkbox"/>
Previous Roof Repairs		<input checked="" type="checkbox"/>	Termite or WDI damage needing repair		<input checked="" type="checkbox"/>
Previous Other Structural Repairs		<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 checked="" type="checkbox"/>			

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Concerning the Property at \_\_\_\_\_

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_

MINOR DETERIORATION OF SIDING

\*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 (if yes, attach TXR 1414).
- 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 (if yes, attach TXR 1414).
- Previous water penetration into a structure on the Property due to a natural flood event (if yes, attach TXR 1414).
- Located \_\_\_ wholly \_\_\_ partly in a 100-year floodplain (Special Flood Hazard Area-Zone A, V, A99, AE AO, AH, VE, or AR) (if yes, attach TXR 1414).
- Located \_\_\_ wholly \_\_\_ partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded)).
- Located \_\_\_ wholly \_\_\_ partly in a floodway (if yes, attach TXR 1414).
- 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): \_\_\_\_\_

\*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.

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Concerning the Property at \_\_\_\_\_

**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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Concerning the Property at \_\_\_\_\_

Section 9. Seller \_\_\_ has  has not attached a survey of the Property.

Section 10. 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 11. Check any tax exemption(s) which you (Seller) currently claim for the Property:

Homestead                      \_\_\_ Senior Citizen                      \_\_\_ Disabled  
\_\_\_ Wildlife Management              \_\_\_ Agricultural                      \_\_\_ Disabled Veteran  
\_\_\_ Other: \_\_\_\_\_                      \_\_\_ Unknown

Section 12. Have you (Seller) ever filed a claim for damage, other than flood damage, to the Property with any insurance provider? \_\_\_ yes  no

Section 13. 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: \_\_\_\_\_

Section 14. 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): \_\_\_\_\_

*\*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.*

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Concerning the Property at \_\_\_\_\_

**ADDITIONAL NOTICES TO BUYER:**

- (1) The Texas Department of Public Safety maintains a database that the public may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit [www.txdps.state.tx.us](http://www.txdps.state.tx.us). For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
- (2) 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 or the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.
- (3) If the Property is located in a seacoast territory of this state designated as a catastrophe area by the Commissioner of the Texas Department of Insurance, the Property may be subject to additional requirements to obtain or continue windstorm and hail insurance. A certificate of compliance may be required for repairs or improvements to the Property. For more information, please review *Information Regarding Windstorm and Hail Insurance for Certain Properties* (TXR 2518) and contact the Texas Department of Insurance or the Texas Windstorm Insurance Association.
- (4) 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.
- (5) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.
- (6) The following providers currently provide service to the Property:

Electric: <u>Eligo Energy</u>	phone #: _____
Sewer: <u>A&amp;P AEROBIC</u>	phone #: _____
Water: <u>AQUA</u>	phone #: _____
Cable: <u>N/A</u>	phone #: _____
Trash: <u>WCA</u>	phone #: _____
Natural Gas: <u>Centerpoint</u>	phone #: _____
Phone Company: <u>N/A</u>	phone #: _____
Propane: <u>N/A</u>	phone #: _____
Internet: <u>SPECTRUM</u>	phone #: _____

- (7) This Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.

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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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25118 Broughton St  
Spring, TX 77373-6066

### CONCERNING THE PROPERTY AT

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

- (1) Type of Treatment System:  Septic Tank  Aerobic Treatment  Unknown  
 \_\_\_\_\_
- (2) Type of Distribution System: Spray Irrigation System  Unknown
- (3) Approximate Location of Drain Field or Distribution System: Backyard and Frontyard  Unknown  
 \_\_\_\_\_  
 \_\_\_\_\_
- (4) Installer: William H Hudspeth PE  Unknown
- (5) Approximate Age: 24 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: A & P Aerobic Services  
 Phone: (936)321-8191 contract expiration date: Unknown  
*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? Unknown
- (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  Diagram and other materials from original installation.
- (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.**

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Spring, TX 77373-6066**

Information about On-Site Sewer Facility concerning \_\_\_\_\_

**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.**

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**HARRIS COUNTY ENGINEERING DEPARTMENT  
PERMIT DIVISION**

**REVISED RULES OF HARRIS COUNTY, TEXAS FOR  
ON-SITE SEWERAGE FACILITIES**

**ON-SITE SEWERAGE FACILITY LICENSE**

STATE OF TEXAS     ))  
COUNTY OF HARRIS   ))

DATE: 05/26/95  
LICENSE NUMBER: 2-0002848-2

On the day herein stated the undersigned authority did issue to the hereinafter mentioned licensee this license to install and operate an on-site private sewerage facility on the hereinafter mentioned premises in accordance with the application, plans and specifications submitted in support hereof with the Revised Rules of Harris County, Texas, for On-Site Sewerage Facilities, and with the Laws of the State of Texas. This license shall not be transferable without the prior written consent of the undersigned authority. Authority for issuance of this License is derived from Section 26.032 of the Texas Water Code Annotated (Vernon 1988).

Harris County has not examined title to the site designated in this License nor has Harris County determined whether the construction described in this License is in violation of or contrary to any deed restrictions or covenants applicable to the said site. The determination that the facility to be constructed is not in violation of any deed restrictions or applicable covenants shall be the responsibility of the permittee.

This said license to operate an on-site sewerage facility shall become null and void if the construction of the said facility is not started, completed and inspected within three (3) years from the date shown hereon.

LICENSEE: EDWARD VANCE FELLERS  
PREMISES: LOT 26SECTION 00  
          SUBDIVISION - SPRING CREEK FOREST (UNRECORDED)  
ADDRESS: 25118 BROUGHTON LN  
          SPRAY IRRIGATION TYPE OF ON-SITE SEWERAGE SYSTEM

Approval of the on-site sewerage facility for operation shall only indicate that the facility meets the minimum requirements for issuance of this License. County and State Standards do not guarantee that the on-site sewerage system will always perform satisfactorily. It is the responsibility of the owner to maintain and operate the facility in a satisfactory manner. NO REFUND OF LICENSE FEES IS ALLOWED FOR EXPIRED, VOID OR CANCELED LICENSES, OR FOR ANY INSPECTIONS THAT MAY HAVE BEEN CONDUCTED.


REPORT ALL VIOLATIONS TO COUNTY ENGINEER, AT (713) 956-3000.

IN WITNESS WHEREOF, I hereunto set my hand at Houston, Harris County, Texas, this 26 day of MAY, 1995.

**NOTICE**

INSPECTIONS MUST BE MADE PRIOR TO COVER-UP  
AND PRIOR TO PLACING THE FACILITY INTO OPERATION  
FOR INSPECTIONS CALL 956-3035

ADDENDUM ATTACHED

  
\_\_\_\_\_  
COUNTY ENGINEER

COUNTY ENGINEER COPY

**HARRIS COUNTY ENGINEERING DEPARTMENT  
PERMIT DIVISION**

**REVISED RULES OF HARRIS COUNTY, TEXAS FOR  
ON-SITE SEWERAGE FACILITIES**

**ON-SITE SEWERAGE FACILITY LICENSE**

STATE OF TEXAS        )  
COUNTY OF HARRIS    )(

DATE: 05/26/95  
PERMIT NUMBER: 2-0002848-2

**ADDENDUM**

LICENSEE: EDWARD VANCE FELLERS  
PREMISES: LOT 26 SECTION 00  
          SUBDIVISION - SPRING CREEK FOREST (UNRECORDED)  
ADDRESS: 25118 BROUGHTON LN  
          SPRAY IRRIGATION TYPE OF ON-SITE SEWERAGE SYSTEM

**SPECIAL REQUIREMENTS**

NO SPECIAL REQUIREMENTS FOR THIS PERMIT

**REQUIRED INSPECTIONS**

SEWERAGE FACILITY FINAL INSP.  
SEWERAGE FACILITY INSPECTION  
ULTRA LOW-FLOW DEVICE INSPECTN

  
\_\_\_\_\_  
COUNTY ENGINEER

COUNTY ENGINEER COPY

HARRIS COUNTY ENGINEERS/OFFICE - PERMIT DIVISION

DATE: 11/07/95

DISPOSITION REPORT

PAGE: 1

APPLICANT NAME: EDWARD VANCE FELLERS

REQUEST#: 51625

25118 BROUGHTON LN

LOT 24 OF SECTION 00

SUBDIVISION: SPRING CREEK FOREST (UNRECORDED)

SPRAY IRRIGATION TYPE OF ON-SITE SEWERAG

APPROVED REQUIREMENTS FOR PERMIT ISSUANCE

PLANS APPROVED: YES    APP. ACCEPTED: YES    APP. APPROVED: YES

PERMIT REQUIREMENTS AMENDED TO REFLECT THE USE OF CARLILE APPLICATION RATE.

RECEIVED HARRIS COUNTY ENGINEERING DEPARTMENT MAY 26 1995

OWNER'S NAME: EDWARD VANCE FELLERS PHONE: 713-350-5341

MAILING ADDRESS: 2606 N Spring Dr CITY: Spring TX ZIP: 77373

PROPERTY: Spring Creek Forest LR Section 26 Block

LOCATION SITE ADDRESS: 25118 Broughton Ln Spring TX 77373

SUBDIVISION: Howard DeLeon Abstract Number A-221 Tract No.

Plat & Bounds plus a marked map) Survey Name

APPLY: Southwest Utilities Name of System 1913 West L.O. EL Campo TX Address

Well: \_\_\_\_\_ Depth \_\_\_\_\_ Date Drilled \_\_\_\_\_ Cased & Cemented \_\_\_\_\_ Size \_\_\_\_\_

INSTALLMENT:  Single Family  Mobile Home  Multi-Family  Other

at \_\_\_\_\_ Type of Business \_\_\_\_\_ Number of Persons at Location \_\_\_\_\_

\_\_\_\_\_ Type of Business \_\_\_\_\_ Number of Persons at Location \_\_\_\_\_

No. of Persons at Location \_\_\_\_\_ Kitchen \_\_\_\_\_ School District \_\_\_\_\_ Address \_\_\_\_\_

Average Daily Attendance \_\_\_\_\_

ALL APPLICANTS please write TOTAL number of items below, and leave blank for "None"

4. LAVATORIES	4	7. KITCHEN SINKS	2	10. GARBAGE DISPOSAL
5. SHOWERS	1	8. UTILITY SINKS	-	11. GREASE TRAP
6. BATHTUBS	2	9. AUTO DISHWASHER	1	

MUST SUBMIT THE FOLLOWING: \_\_\_\_\_ Plan of Site & Disposal System 713-351-2777

plan and specifications in support of this application submitted by: \_\_\_\_\_

FOR SANITARIAN William H. Audspeth PE Address 18414 Buckhorn Tomasic TX 77375 Phone No.

Name SAME Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature: Edward Vance Fellers PRINTED OWNER NAME Edward Vance Fellers DATE 5-26-95

Signature: \_\_\_\_\_ PRINTED INSTALLER NAME & REGISTRATION NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

USE ONLY \_\_\_\_\_ GALLONS \_\_\_\_\_ MINIMUM ABSORPTION AREA 7317 SQ. FT.

TANK SIZE: 500 SQUARE FOOTAGE OF BUILDING: \_\_\_\_\_ CI: 55202

SYSTEM PROPOSED: S.I.S.

**TABLE I**  
**CONVENTIONAL ABSORPTION TRENCH AND BED SIZING REQUIREMENTS FOR SINGLE FAMILY RESIDENTIAL DWELLINGS**

Average Percolation Rate (Minutes/Inch)	Sewage Application Rate, Ft <sub>a</sub>	Soil Texture (See Table VII USDA Soil Textural Classifications)	Minimum Bottom Area (Sq. Ft.) for One or Two Bedroom House (Living areas less than 1500 Sq. Ft.)	Minimum Bottom Area For Each Additional Bedroom (Sq. Ft./Bedroom)
Less Than 5	More Than 12	Sand/Gravel	Trench	Trench
5-15	4-12	Sandy Loam	380	200
15-30	2-4	Sandy Clay	500	250
30-45	1.3-2	Silt Clay	625	300
45-60	1.0-1.3	Clay Loam	800	400
More Than	Less Than	Clay	1500	500

Minimum trench bottom area is calculated to include capacity for washing machine and tubs, organic material from garbage grinder, and filtration from tanklet. Required minimum spacing between parallel conventional absorption trenches is 3 trench widths, or five trench widths, whichever is smaller. When dwelling consists of a large living area relative to the number of sleeping bedrooms, the following table shall be used to approximate the trench area for a two bedroom house with a living area of 1500 sq. ft. - Use trench area for three bedroom house for each additional bedroom. Add trench area equal to one bedroom. This criteria is valid for normal residential water consumption of approximately 75 gpd per resident by an average household occupancy and is not applicable to collective sewage systems design. \*Optional alternative bed-to-bed spacing may be used, based on a granular drain bed piping, composition, bedding, and installation approved through department policy.

**TABLE II**  
**MINIMUM LIQUID CAPACITIES**

Bedrooms	Septic Tanks (Gallons)
Two or less	750
Three (3)	1,000
Four (4)	1,250
Each additional	250

**NOTE:** The inside liquid depth of the tank shall not be less than 30 inches. See Table I for calculating the number of bedrooms based on dwelling living area. Consideration shall be given to increasing total tank capacity if extensive use of kitchen sink, waste grinders or disposals is anticipated.

**TABLE III**  
**ALTERNATE SYSTEM E. T. BED SIZES**

Bedrooms (or less)	SQFT
2 Bedrooms	3,780
3 Bedrooms	5,040
4 Bedrooms	6,298
5 Bedrooms	7,558

**SECTION B**

The Proposed On-Site Sewerage Facility will be located at address: \_\_\_\_\_  
 The system will have the following requirements: (select all that apply)

**TANKS & LIQUID CAPACITY** Number of Tanks \_\_\_\_\_ Total Liquid Capacity \_\_\_\_\_ & Liquid Capacity Per Tank: \_\_\_\_\_  
 Tank 1: \_\_\_\_\_ Tank 2: \_\_\_\_\_ Tank 3: \_\_\_\_\_ Tank 4: \_\_\_\_\_  
**NOTE:** Tank 1 must have a capacity of 1/2 to 2/3 the total liquid capacity. (See Figure 2 on page 4)

**TRENCH SYSTEM** Number of Linear Feet \_\_\_\_\_ Inches of Trench Width \_\_\_\_\_ Feet between inside edges of trenches \_\_\_\_\_  
 Is graveless pipe proposed? Yes \_\_\_\_\_ No: If yes, Give diameter: \_\_\_\_\_ 8 inches \_\_\_\_\_ 10 inches  
 (See Figure 3 on page 4)

APPLICANT NUMBER: 00000000

POOL NUMBER: 1

DATE RECEIVED: 09/26/95

TIME: 11:54

REQUESTER: 01000

APPLICANT INFORMATION

APPLICANT#: 25035

EDWARD VANCE TELLEPS  
2602 N SPRING DR  
SPRING TX 77373

BUSINESS PHONE: (713) 850-5241

CONTACT NAME:

REQUEST INFORMATION

REQUEST TYPE: APPLIC FOR GENERAL LICENSE

CALL BACK: CUSTOMER WAITING

NOTE TO PLAN CHECKER: AND

LEGAL ADDRESS: 25115 BROUGHTON LN

PLANS ONLY: N PLAN REVIEW: Y EFFECTIVE: 1

BOND INFORMATION

BOND TO	ISSUE DATE	AMOUNT	SURETY	C.O. PARTY	EXPIRES ON

RECEIVING CLERK: *ab*

PROPERTY CLERK: *ab*

MONEY TO CASHIER: YES NO NOTE:

FEE(S) OUR CONTACT:

ROUTE TO: DATE: TIME:

R<sup>H</sup> 5/16/95

Date: 05/26/95

PAGE: 01  
ENCLOSURE

Subdivision Section Information Report

Precinct: 4

Sub-Id: 2241 Section: 00 SPRING CREEK FOREST (ENCL00R0LD)

Profile:

Total Acreage.....	26.2	Total Reserves.....	0
Total Reserve Acreage...	0.0	Total Blocks.....	0
		Total Lots.....	48

RESIDENTIAL LAND USE

Water System: I Sewer System: F

.1100-00-00 SPRING CREEK

TRIBUTARY NOT APPLICABLE

Census Tract: 559.02 Key Map: 293.LN. Lambert: NONE 999 XXX  
 First: 0550 Zone: C

Elevations On File:

FRONT/THRU RESV BLOCKS	GROUND LOW	ELEVATION HIGH	BASE FLOOD ELEV LOW	HIGH	MINN PAGE	ZONE	SOURCE
000 - 000	095.5	097.0	094.0	095.0			C

Notes/Requests:

Date Rec'd	Request Type	Review Code	Date Closed
08/13/91	Other	NO REFLA REASON AVAILABLE	08/10/91

10/20/93

A - 25355

AFFIDAVIT TO THE PUBLIC

COUNTY OF HARRIS §

STATE OF TEXAS §

Before me, the undersigned authority, on this day personally appeared EDWARD LANCE FELLEWS who, after being by me duly sworn, upon oath states that he/she is the owner of record or person in possession of that certain tract or parcel of land lying and being situated in Harris County, Texas, and being more particularly described as follows:

Spring Creek Forest Lot 26  
25118 Broughton LN  
P# 47019

The undersigned further states that a surface application on-site wastewater treatment system has been licensed in accordance with the permitting provisions of the Harris County Engineering Department as signified by License No. . The undersigned has entered into a maintenance agreement as required by the permitting entity, with an approved maintenance company for service and repairs to the surface application system.

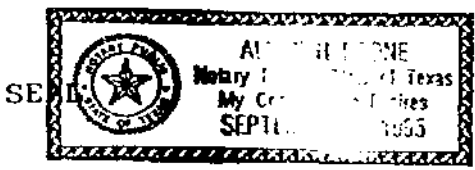
Further, the undersigned states that he/she will, upon any sale or transfer of the above described property, request a transfer of the permit to operate such surface applications system to the buyer or transferee. Any buyer or transferee is hereby notified that a maintenance contract with an approved maintenance company will be required for use of the system. For more information concerning this specific on-site wastewater treatment facility, contact Permit Division, Harris County Engineering Department, 9900 Northwest Freeway, Suite 103, Houston, Texas 77092-8615.

WITNESS MY/OUR HAND(S) on this 26 day of May, 1995.

X Edward Lance Fellows  
(Property Owner's Signature) date

SWORN TO AND SUBSCRIBED BEFORE ME on this 26th day of May, 1995 by X Edward Lance Fellows

(Print Property Owner's Name)



Alexis D. Borne  
Notary Public, State of Texas  
My Commission Expires 9/25/95

NOTE: RECORDER MAIL TO: HARRIS COUNTY ENGINEERING DEPARTMENT  
9900 NORTHWEST FREEWAY SUITE 103, HOUSTON TX 77092-8615.



ACKNOWLEDGEMENT OF TESTING REQUIREMENTS  
FOR SURFACE APPLICATION OF EFFLUENT FROM  
AN ON-SITE SEWERAGE FACILITY

I, VANCE FELLERS, recipient of a license  
(No. \_\_\_\_\_) to operate this surface application on-site sewerage  
(spray irrigation) facility on the property I own that is located at  
2518 BROUGHTON LANE SPRING, TEXAS

hereby acknowledge and agree that I must:

1. Employ, by means of an initial two-year prepaid maintenance contract, a wastewater operator certified by the State of Texas;
2. Employ a wastewater operator during the entire operational life of the said surface application facility;
3. Assure that the wastewater operator provides the testing of the sewage effluent on the schedule provided below and sends the required reports to the Permit Division of the Harris County Engineering Department:
  - a. BOD<sup>5</sup> - Annually
  - b. TSS - Annually
  - c. Chlorine or Fecal Coliform - Quarterly
  - d. Ph - Quarterly
4. Operate this system in strict conformance with sewage effluent discharge standards promulgated by Texas Natural Resource Conservation Commission (T.N.R.C.C.).

I further understand that my failure to strictly abide by the above conditions could result in filing of a complaint with a Justice of the Peace Court and that the Court, if I am found guilty, could assess me with a fine of up to \$500.00 per day for each day the violation exists.

The start up date of the facility will mark the anniversary dates of testing and reporting.

5-26-95  
Date

Edward Vance Fellers  
Signature of Licensee & Property Owner

EDWARD VANCE FELLERS  
Printed Name

## Initial Service Policy

Our firm, **William H. Hudspeth P.E., DBA H & H Landscaping**, shall furnish to the purchaser a two year Initial Service Policy, from the date of installation, for the **Hydro-Action System** which will be included in the original purchase price. This policy shall provide:

1. Inspection, adjustment, and servicing of the mechanical and electrical component parts to ensure proper function. Inspection of air pump, air filter, control panel and replacing or repairing any components found not functioning correctly.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and an examination for odors.
3. Required testing and reporting.

Upon expiration of the Initial Service Policy our firm will make available, for purchase by the owner on an annual basis, a Continuing Service Policy which will provide the same inspections as the Initial Service Policy and cover labor for normal maintenance and repairs.

All operation instructions must be completely followed to avoid violations of warranty.

Pumping of sludge buildup from treatment unit, if necessary, is not covered by this policy. Additional chlorine after initial fill is owners expense.

DATE: \_\_\_\_\_

Date valid upon start-up of unit

OWNER'S NAME: EDWARD VANCE FELLERS

Address: 25118 BROUGHTON LN Phone: 713-850-5341

SPRING, TEXAS

OWNERS SIGNATURE

*Edward Vance Fellers*

SERVICING DEALER: William H. Hudspeth, P.E. DBA H & H Landscaping

Address: 18414 Burkhardt

Phone: 351-2777

Tomball, Texas 77373

Authorized Signature: \_\_\_\_\_

*William H. Hudspeth*  
Valid only if installed by this company

WILLIAM H. HUDSPETH P.B.  
18414 BURKHARDT TOMBALL, TEXAS 77375  
(713) 351-2777

BID PROPOSAL

Date: 5-24-95

SUBMITTED TO:  
VANCE FELLERS  
2806 N. SPRING DR  
SPRING, TEXAS

WORK TO BE PERFORMED AT:  
25118 BROUGHTON LANE  
SPRING, TEXAS

TELEPHONE NUMBER: 350-5341

We hereby propose to furnish all materials and equipment and perform all labor necessary for the completion of:

Installation of Hydro-Flo ~~6~~ 500, 500 gallon per day waste water treatment system with spray distribution in accordance with plan submitted and approved by HARRIS County Engineering Department and permitted under Septic License # \_\_\_\_\_ dated \_\_\_\_\_

Work will include install one 500 gallon pre-treatment tank, one 750 gallon tank with 1 0.5 HP Red Jacket submerged pump/s. complete with high level alarm and timer, chlorinator with 24" stack and initial fill of chlorine and a spray distribution system using 2-R-S-R ROBINSON pop-up rotary spray heads, or approved equal. A 2 year maintenance contract is included in the bid price as required by State of Texas.

Area around tanks will be brought to rough grade only. Owner will provide a 4" stub out approximately 11" under proposed finish grade and 2 - 20 amp breakers to the control area. Control area must be within 25' of the treatment tank. Stub outs installed below grade level may require tank extensions at \$80.00 per 6" extension.

Bid does not include engineering, County septic permit fees, fine grading, grass seed or sod.

All material is guaranteed to be as specified and above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of FIVE THOUSAND THREE HUNDRED & <sup>00</sup>/<sub>100</sub> (\$ 5,300.00 ) with payments to be made as follows: 1/2 at time of delivery of equipment to site, remainder upon completion and acceptance by owner and County. Any deviation or alteration from above will be executed in writing and extra costs agreed upon by both parties. Installer will provide copy of public liability insurance.

SUBMITTED BY:  
  
WILLIAM H. HUDSPETH P.B.  
dba H & H Landscaping

ACCEPTED BY:  
\_\_\_\_\_  
By \_\_\_\_\_  
Date: \_\_\_\_\_

Lot 26  
 Spring Creek Forest  
 Howard Decrow Survey  
 A - 221  
 0.5 Acres

North

Equiv. 4 Br = 375 GPD  
 375 (.8) = 300 GPD  
 Spray Area Required -  
 300 / .041 = 7317 Sq. Ft.

Spray Area Shown  
 = 7,100 Sq. Ft.  
 Maximum Daily volume  
 allowable = 291 GPD

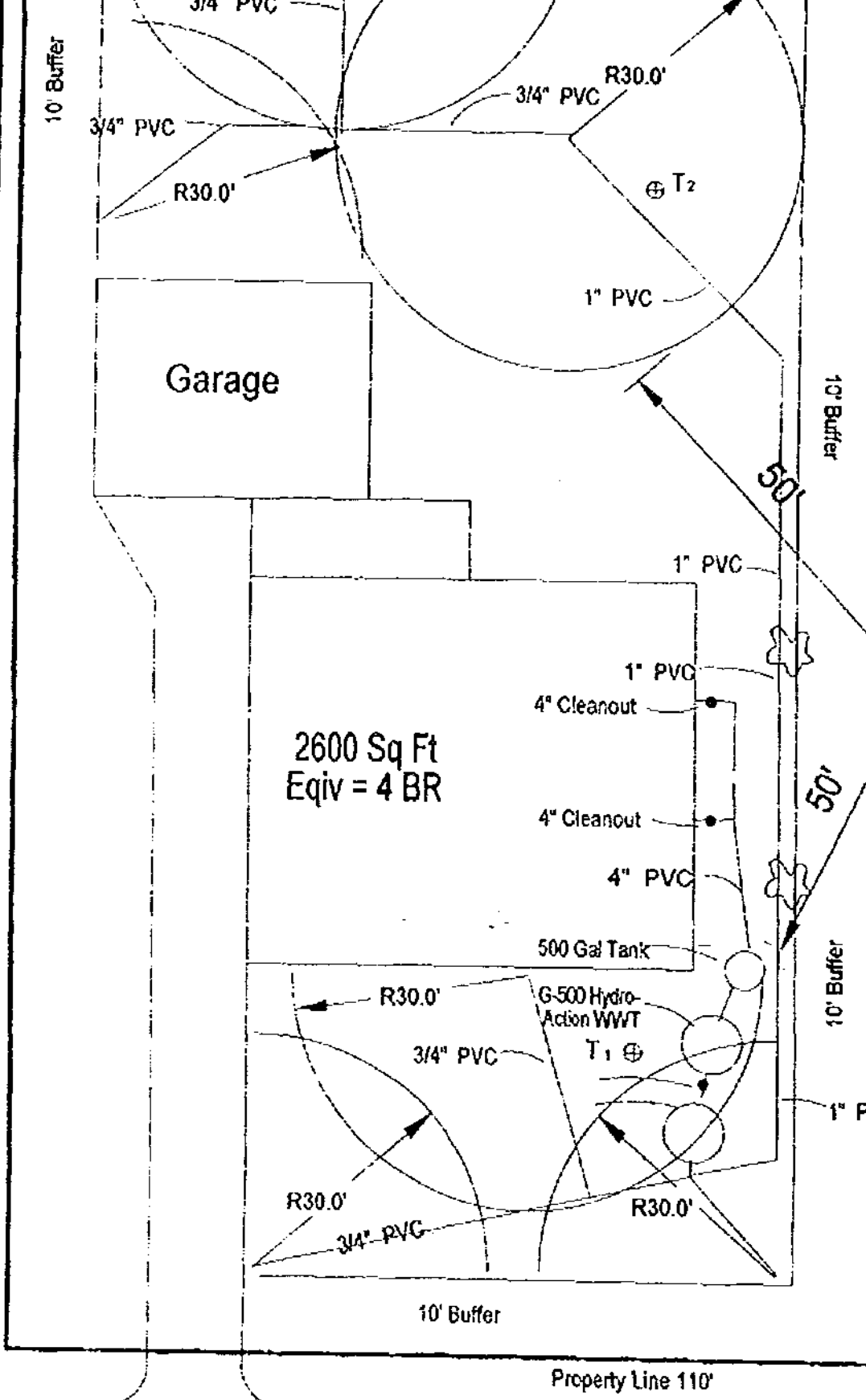
Existing Well  
 No tank or Spray Radius close  
 than 50' to this Well

Use:

- 500 GPD WWT Hydro Action G-500
- Stack Chlorinator Hydro Action H-5
- 750 Gallon Tank w/ 0.5 HP Red Jacket Submerged Pump
- 18 GPM @ 40 PSI With Audible High Level Alarm and 24 Hour Timer for Spray Control
- 7 Rainbird R-50 Pop-Up Rotary Spray heads with Low Angle, Non-Aerosol Nozzels

All Pipe:  
 Sewer - 4" SDR 35 PVC  
 Water Class 200 PVC  
 Air SCH:40 CPVC

Entire Spray Area to be Covered With Sod or Approved Perennial Grass Seed Prior to Start Up of Unit.



Broughton Lane

Permit # 2-2848-2



William H. Hudspeth, P.E.  
 18414 Burkhardt  
 Tomball, Texas 77375  
 713/351-2777

In my professional opinion, this on-site sewage facility can be operated without causing a threat

Proposed Septic Installation

25118 Broughton Lane  
 Spring, Texas

DATE PRINTED: 10/17/95

EM11

SCHEDULED DATE: 10/18/95 INSPECTION REQUEST: INSPECTION DISTRICT 07 REQUESTER: 5060

REQUESTED BY: WILLIAM HUDSMITH 50126 PHONE: (714) 251-7227

PERMIT #: 0002849-2 SEPTIC ISSUED: 05/26/95

EDWARD VANCE FLETCHER  
25118 BROUGHTON LN  
SUITE 2241 SGT 00 LOT 26  
SUNNY CREEK FOREST (UNINCORPORATED)

CENSUS TRACT: 559.02 PLOT: 3  
SPRAY IRRIGATION TYPE OF ON-SITE SEWERAGE SYSTEM

SOIL TYPE: WICKLEY FINE SANDY LOAM PERCENTAGE RESULT: 601

OWNER: WILLIAM H HUDSMITH DEVELOPMENT PERMIT #: 1-0002849-2  
WATER SUPPLY: PUBLIC

MINIMUM TANK SIZE: 500 MINIMUM ABSORPTION AREA: 7317  
TOTAL TANK GALLONS: 554 GAL ACTUAL ABSORPTION AREA: 7339 SF  
TOTAL LIQUID GALLONS: 468 GAL

REQUIRED INSPECTIONS:	TEST DATE	RESULT	PER TAG	PASS
SEWERAGE FACILITY FINAL INSP.	11-2-95	S		✓
SEWERAGE FACILITY INSPECTION	10-18-95	S		✓
ULTRASOUND FOR DEFECT INSPECT	10-18-95	S		✓

NOTES:

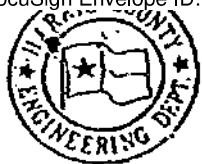
10/18/95 - SERVICE CONTRACT ATTACHED  
10-31-95 - REVISED DWG. RBC'D.  
- CODE "Ø"

INSPECTED BY:

*W. Bento*

RESULT ENTERED BY:

*Margaret Jankowski*



ENGINEERING DEPARTMENT

PERMIT DIVISION

301 Main, Houston, TX 77002

SEPTIC INSPECTION

Terry A. Anderson  
County Engineer

DATE REQUESTED 10-17-95 INSPECTION SECTOR 7

REQUESTED BY Wm. Hudspeth #3126 PHONE NO. 351-2777

LICENSE NO. 22818-2 PERMIT NO. 1-42623-7 CT 559.02

SUBDIVISION Spring Creek Forest SEC --- LOT 26 BLK ---

ABSTRACT NO. \_\_\_\_\_ SURVEY \_\_\_\_\_

LOCATION OF SYSTEM 25118 Broughton Dr.

PERC RATE \_\_\_\_\_ INCHES PER MIN. ENGR./SANITARIAN \_\_\_\_\_

SOIL LIMITATIONS BASED ON SCS SOILS CLASSIFICATION MAP:

SLIGHT \_\_\_\_\_ MODERATE \_\_\_\_\_ SEVERE \_\_\_\_\_

REQUIREMENTS:

TANK SIZE - REQUIRED	<u>500</u>	LIQUID CAPACITY	<u>468 GAL</u>
ABSORPTION AREA - REQUIRED	<u>7317</u>	TOTAL GALLONS	<u>554 GAL</u>
		ACTUAL	<u>7339 SF</u>

ITEM NUMBERS THAT FAILED \_\_\_\_\_

NAME OF INSTALLER BILLY HUDSPETH #3126 PHONE NO. 351-2777

WAS SOMEONE NOTIFIED AT THE SITE OF THE RESULTS Yes - Installer

SYSTEM INSTALLED: [CIRCLE ONE] CON ET AB HT NTP JTP MTP BTP CTP PDS CEA SB2  
Spray SIS

WAS RED [ ] OR GREEN [X] TAG POSTED AT THE SITE? [X] PASSED [ ] FAILED

DATE OF INSPECTION 10-18-95, 11/2/95 FINAL

IF NO ONE WAS INFORMED AT THE SITE AT THE TIME OF INSPECTION WAS THE PERMITTEE/INSTALLER CONTACTED? \_\_\_\_\_

REMARKS: \_\_\_\_\_

FIELD STATUS CODE: [CIRCLE ONE] Y N (0) 1 2 3 4 5 6 7 8 9 0  
[EXPLANATION OF COEDS ON REVERSE SIDE]

INSPECTED BY W. Boyte DATE 11-2-95

LOGGED BY \_\_\_\_\_ LETTER PREPARED \_\_\_\_\_

- 2. All spray patterns must be a minimum of 25 feet from swimming pools, 10 feet from property lines, 100 feet from streams, ponds and lakes; 50 feet from sharp slopes, breaks or outcropping ledges, unless otherwise noted on construction plans approved by the County Engineer. If spray heads are over 13" and aerosol producing the above set backs do not apply. (See policy letter dated December 7, 1990.) ✓
- 3. Tanks must be installed a minimum of 5 feet from all foundations, structures, surface improvements, sharp slopes, breaks or outcropping ledges; 10 feet from water supply lines and property lines; 15 feet from swimming pools; one foot outside of all easement lines; 50 feet from water wells; 75 feet from all streams, ponds and lakes. ✓
- 4. Sewer pipe from house to tank must have minimum of 1/4 inch fall per running foot of pipe. Pipe to be a minimum of 3 inches inside diameter (must be structurally sound cast iron or ductile iron or PVC SDR 35 or stronger) and have a clean out within 3 feet of building. Clean outs to be installed at all changes in alignment both horizontal and vertical and at every 50 feet of straight horizontal piping on those lines not under pressure. ✓
- 5. First tank "T" branches attached to inlet and outlet, with inlet "T" having a minimum liquid penetration of 6 inches and the outlet "T" penetrating 1/4 to 1/2 of liquid depth. The open spaces between the tops of the inlet and outlet devices and the underside of the tank cover shall be visible separations not larger than one inch. (Tank liquid volume should be approximate as specified on plans. This is a pretreatment tank not a septic tank.) ✓
- 6. Flow line of outlet pipe in pretreatment tank to be 3 inches lower than inlet of septic tank. ✓
- 7. Minimum of two (2) 10" openings in pretreatment tank lid for inspection. A port near each "T" is required. Tank lid must have a water proof seal. Pump tank must have opening large enough for pump removal and servicing. (One opening in pump tank is okay.) ✓
- 8. Pretreatment tank must be clearly marked with the manufacturer's name and liquid capacity and direction of flow must be visible with tank in the ground. Tank must be set on 4 inches of select backfill (sand, pea gravel, sand loam) and backfilled with the same. If the tank is buried deeper than 12" a riser with manhole is required. Tops for concrete tanks must be a minimum of 3 inches thick. ✓
- 9. Pump tank installed as specified on plans, with highwater alarm installed on a separate circuit from pump, and operational. Spray volume and event is set with a 24 hour timer as shown on plans and specifications. Pump is same unit specified or equal ("Or equal" pumps to be approved only after reviewing pump curve.) Spray heads must be equipped with freeze drain plug or be sloped back to tank. ✓
- 10. Compressor line to treatment unit is air tight with teflon tape or putty used on all threaded joints. Outlet "T" from clarifier to chlorinator must be level and square. ✓
- 11. Aerobic treatment system identified and on list of state approved systems. ✓  
 Serial No. 6500697  
 Treatment Plant Make & Model HYDRO-ACTION - G-500
- 12. Residential and commercial yards must have vegetative cover in place or be seeded and fine graded so that ponding will not occur. ✓
- 13. Two year maintenance contract in office file. (Green Tag not to be issued without contract.) ✓
- 14. Spray application square footage as specified on plans. ✓
- 15. Effluent disinfection unit in place (i.e. chlorination ozon, ect.) and operational. ✓

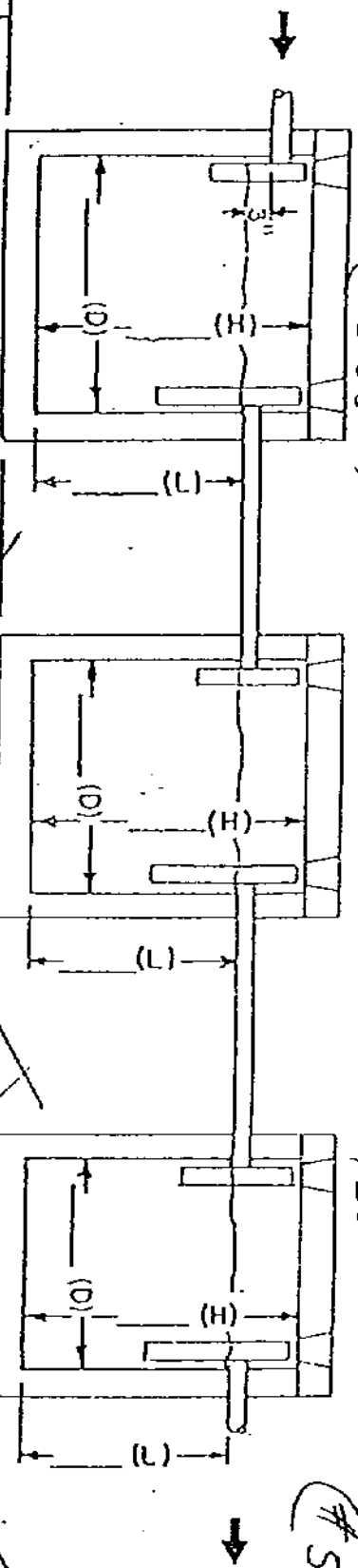
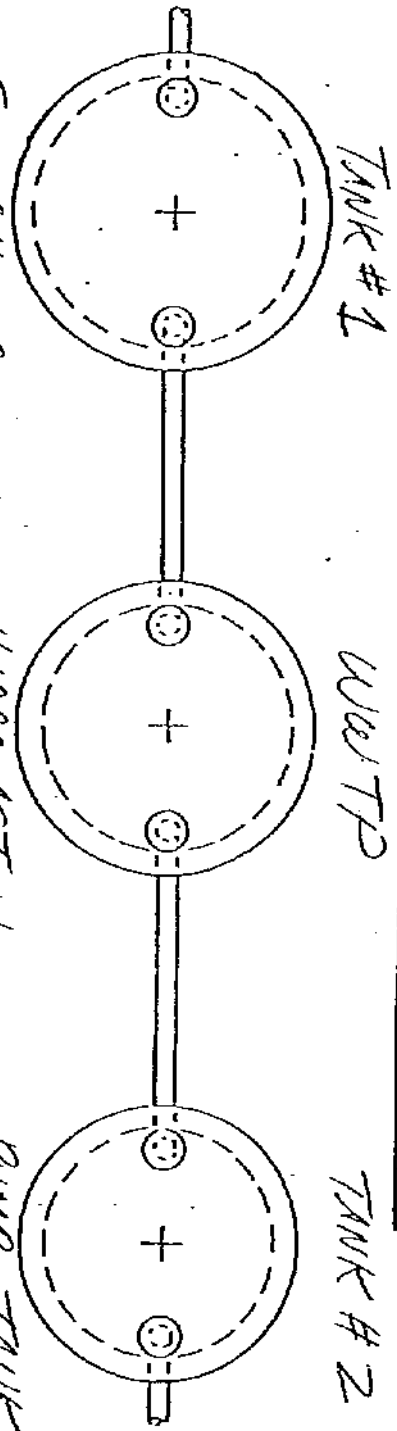
IF PROPERTY IS IN FLOOD PLAIN, COMPRESSOR, ALARM, ETC MUST BE ELEVATED TO FINISH FLOOR OF STRUCTURE OR BE WATERPROOFED. ✓

17. Status of system when inspected:  
 In use: YES / NO  
 Completely installed: YES / NO  
 System operational: YES / NO  
 If no, what component(s) were not installed/inspected, or operational.  
 \_\_\_\_\_

18. Minimum sizing requirements met:  
 Pretreatment tank size: RE 500 Septic License Number 2-2848-2  
 Pump tank size: RE 750 Actual 750  
 Treatment Plant Size: RE 500 GPD Actual 500 GPD

INSPECTOR: W. Bonte DATE: 11-2-95

# SEPTIC TANK VOLUME CALCULATION SHEET



VOL'S:	TANK 1	TANK 2	TANK 3	GRAND TOTALS:
TOTAL TANK VOL:	$442(D) \times 4.42(D) \times 4.83(H) \times 5.872 = 554 \text{ Gal.}$	$(D) \times (D) \times (H) \times 5.872 = \text{Gal.}$	$(D) \times (D) \times (H) \times 5.872 = \text{Gal.}$	$(T-1 + T-2 + T-3)$ $554 \text{ Gal.}$
FLUID LEVEL:	$442(D) \times 442(D) \times 4.08(L) \times 5.872 = 468 \text{ Gal.}$	$(D) \times (D) \times (L) \times 5.872 = \text{Gal.}$	$(D) \times (D) \times (L) \times 5.872 = \text{Gal.}$	$468 \text{ Gal.}$

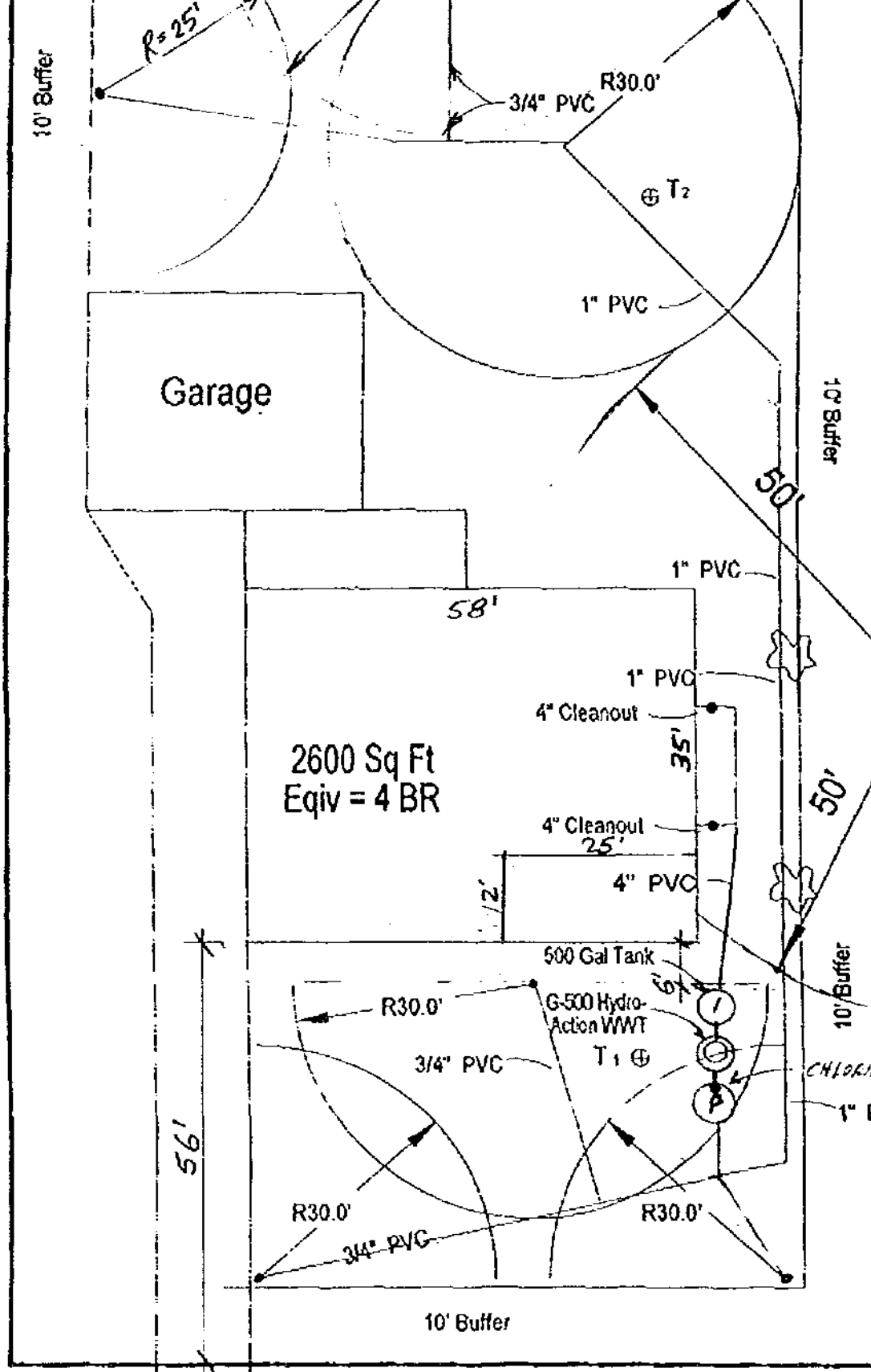
Inches	Feet	Feet	Inches	Inches	Feet	Inches	Feet	Inches	Feet
1	0.0833	0.0913	11	0.9167	0.0092	10	0.8333	11	0.9167
2	0.1667	0.1667	2	0.1667	0.1667	7	0.5833	7	0.5833
3	0.2500	0.2500	3	0.2500	0.2500	9	0.7500	9	0.7500
4	0.3333	0.3333	4	0.3333	0.3333	10	0.8333	10	0.8333
5	0.4167	0.4167	5	0.4167	0.4167	10	0.8333	10	0.8333
6	0.5000	0.5000	6	0.5000	0.5000	10	0.8333	10	0.8333
7	0.5833	0.5833	7	0.5833	0.5833	10	0.8333	10	0.8333
8	0.6667	0.6667	8	0.6667	0.6667	10	0.8333	10	0.8333
9	0.7500	0.7500	9	0.7500	0.7500	10	0.8333	10	0.8333
10	0.8333	0.8333	10	0.8333	0.8333	10	0.8333	10	0.8333

INCHES REDUCED TO DECIMALS OF A FOOT

(-9")



L0120  
 Spring Creek Forest  
 Howard Decrow Survey  
 A - 221  
 0.5 Acres



North

Equiv. 4 Br = 375 GPD  
 375 (.8) = 300 GPD  
 Spray Area Required -  
 $300 / .041 = 7317$  Sq. Ft.  
 Spray Area Shown  
 = 7,100 Sq. Ft.  
 Maximum Daily volume  
 allowable = 291 GPD

Existing Well  
 No tank or Spray Radius close  
 than 50' to this Well

Use:  
 - 500 GPD WWT  
 Hydro Action G-500  
 - Slack Chlorinator  
 Hydro Action H-5  
 - 750 Gallon Tank  
 w/ 0.5 HP Red Jacket  
 Submerged Pump  
 - 18 GPM @ 40 PSI With  
 Audible High Level Alarm  
 and 24 Hour Timer  
 for Spray Control  
 - 7 Rainbird R-50 Pop-Up  
 Rotary Spray heads  
 with Low Angle,  
 Non-Aerosol Nozzels

All Pipe:  
 Sewer - 4" SDR 35 PVC  
 Water Class 200 PVC  
 Air SCH:40 CPVC

Entire Spray Area to be  
 Covered With Sod or  
 Approved Perennial  
 Grass Seed Prior to  
 Start Up of Unit.

"AS-BUILT" 11-2-95

Broughton Lane Property Line 110' Permit # 2-2848-2 w. Bent



William H. Hudspeth, P.E.  
 18414 Burkhardt  
 Tomball, Texas 77375  
 713/351-2177

In my professional opinion, this on-site sewage

Proposed Septic Installation

25118 Broughton Lane  
 Spring, Texas

NAME: YANIG E. FELLERS ADDRESS: 25118 BROUGHTON LANE  
SPRING, TEXAS  
 GENERAL DESCRIPTION:  
 DIVISION: SPRING CREEK FOREST SEC \_\_\_\_\_ LT 26 BLK \_\_\_\_\_  
 HWY: HOWARD DECROW ABSTRACT: A-221  
 PROPERTY SIZE \_\_\_\_\_ ACRES 0.5  
 EXISTING OR PROPOSED STRUCTURE TO BE SERVED: NEW 2600 SQ. FT  
RESIDENCE

**TOPOGRAPHY**

SLOPE:  
 FLAT (UNDER 2%) \_\_\_\_\_ SLIGHT (UNDER 4%) X SEVERE (OVER 5%) \_\_\_\_\_  
 VEGETATION:  
 GRASS/BRUSH X LIGHTLY WOODED \_\_\_\_\_ HEAVILY WOODED \_\_\_\_\_

SITE DRAINAGE:  
 POOR  ADEQUATE  GOOD  OTHER

NOTE: If slope is severe a Topo Survey with half foot contours must be provided with a form on the design. If site drainage is poor or slope is flat then a detailed drainage plan must be provided on the design.

**FLOOD HAZARD**

PROPERTY IS LOCATED:  
 INSIDE 100 YEAR FLOOD PLAIN  ZONE X  
 100 YEAR FLOOD PLAIN   
 100 YEAR FLOOD PLAIN AND FLOODWAY

NOTE: Attach a FEMA Flood Insurance Rate Map (FIRM) map with property location identification or current survey with Flood Plain determination.

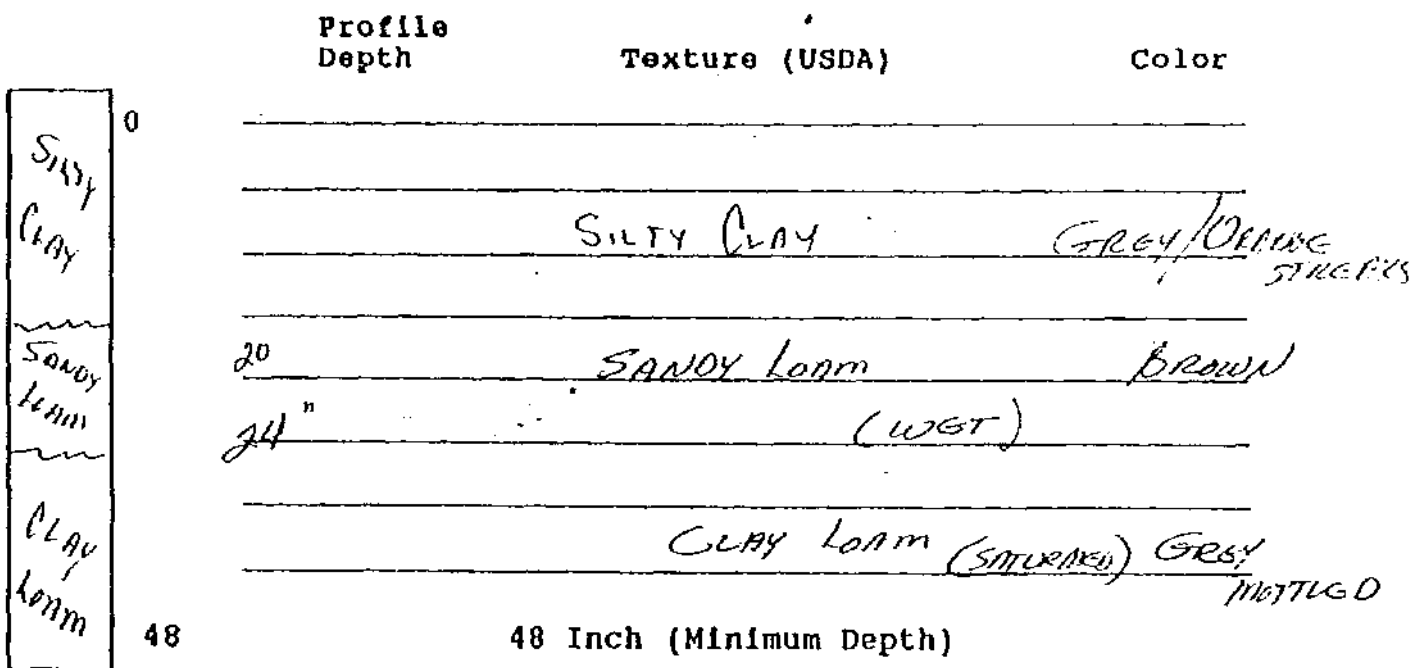
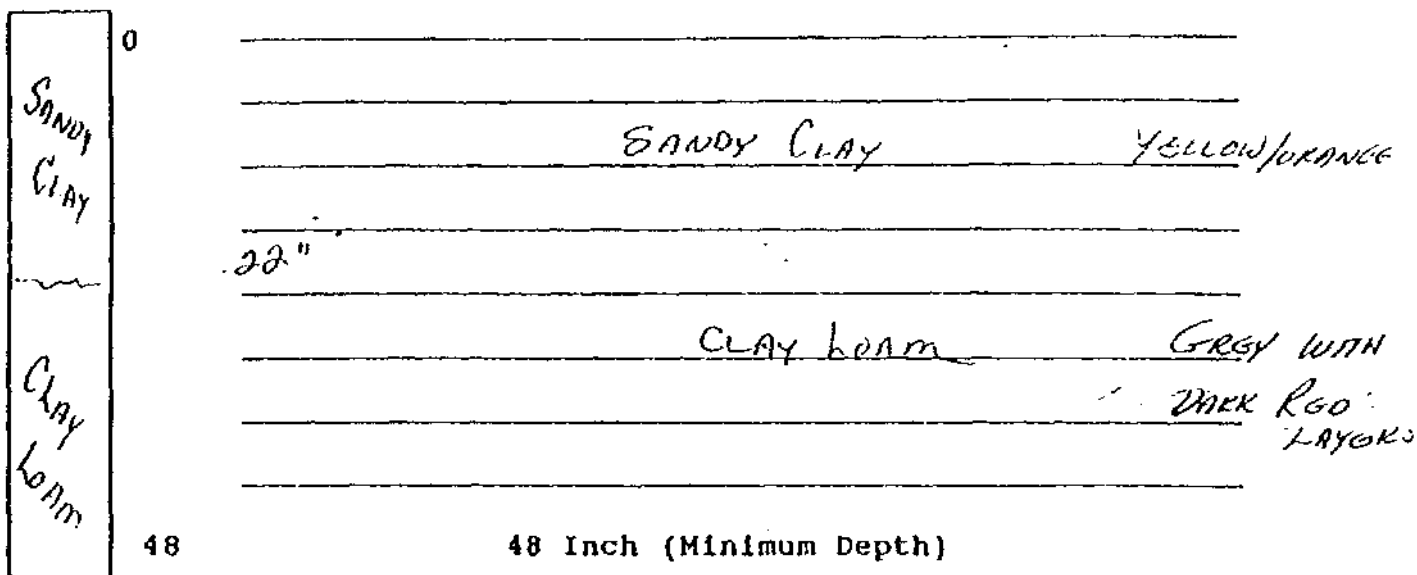
WATER SUPPLY:  
 PUBLIC  COMMUNITY  PRIVATE

NAME OF WATER SUPPLIER: \_\_\_\_\_

NOTE: If well is on-site complete the following.

DEPTH OF WELL \_\_\_\_\_ FEET  
 AGE OF WELL \_\_\_\_\_ YR(S)

FLYING BLOCK PRESENT	YES	NO
CONCRETE HOUSE PROTECTING WELL	YES	NO
WELL LOG AVAILABLE (ATTACHED IF AVAILABLE)	YES	NO



NORMAL TEXTURES (USDA) COURSE SAND/GRAVEL, SANDY LOAM, LOAM, SANDY CLAY, SILTY CLAY, CLAY LOAM, OR CLAY.

COURSE SAND/GRAVEL

TOO GREAT FOR CONSIDERATION

SANDY LOAM/ LOAM

.6

SANDY CLAY

.5

SILTY CLAY

.4

CLAY LOAM

.3

CLAY

Less Than .2

NOTE: The soil evaluated for effluent loading should be the soil below the maximum depth of application (normally between 36 and 48 inches).

INDICATION OF SEASONAL WATER TABLE.

YES NO  
DEPTH -20"

NOTE: Subsurface horizons with colors of red, yellow and brown generally indicate good soil aeration and drainage throughout the year. Subsurface horizons that are in colors of gray, olive or blackish colors indicate poor aeration and poor soil drainage. Any soil profile that has the grayish colors indicative of highwater tables or soil mottling within 36 inches of the surface or has ground water visible in the test bore less than 48 inches below the ground surface shall be deemed unsuitable for conventional subsurface disposal due to internal drainage.

PERCOLATION TEST RESULTS \_\_\_\_\_ MINUTES PER INCH.

IS SOIL SUITABLE FOR A CONVENTIONAL SYSTEM.

YES NO

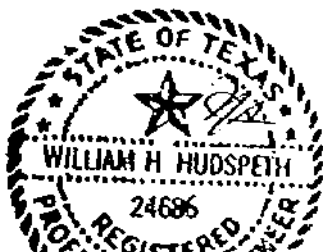
APPLICATION RATE \_\_\_\_\_

NOTE: If soil has an application rate of over .6 gpdaf or less than .3 gpdaf or a high seasonal water table then conventional systems are prohibited.

I William H. HUDSPETH, a registered ENGINEER

did personally conduct the site evaluation on MAY 17, 1995.

I certify these results are true and correct for the property evaluated.



*William H. Hudspeth*

WILLIAM H. HUDSPETH P.E.  
18414 Burkhardt  
Tomball, Texas 77375  
713/351-2777

function alarm that will notify the home owner if it is a problem. An audible alarm is optional.

## HYDRO-ACTION AIR PUMP

The HYDRO-ACTION air pump is reasonably priced and easily repaired or replaced. Because of its efficient design it uses very little electricity.

## OWNER'S MANUAL

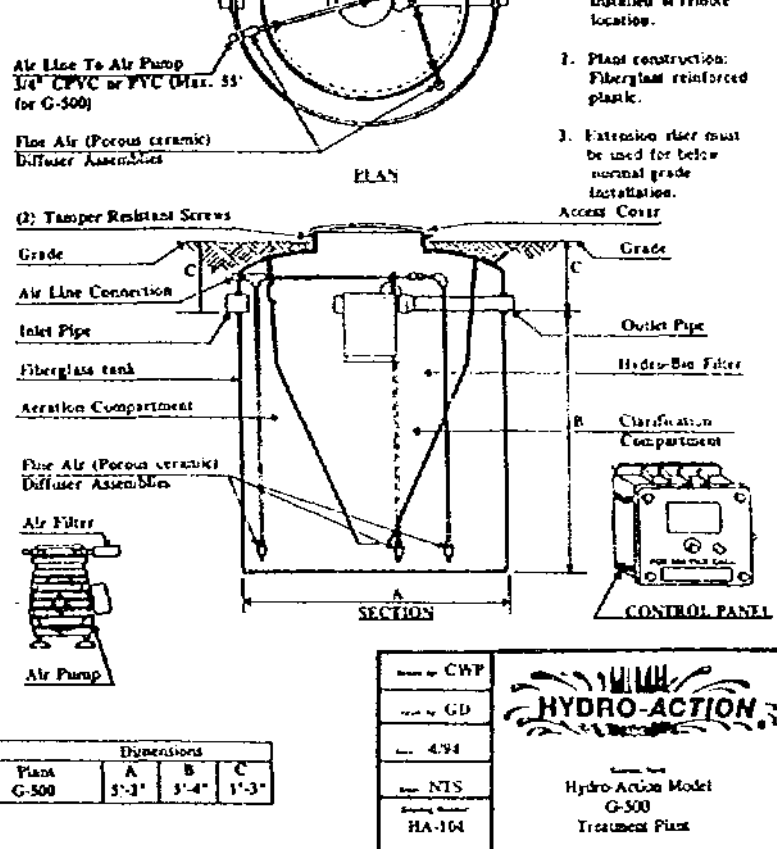
The homeowner is given an informative owner's manual. In this way the homeowner will understand the workings of their system and know the importance of keeping their system in top condition. The owner's manual must be followed to prevent malfunctions of the system.

## WARRANTY

Starting at the date of installation the complete HYDRO-ACTION plant has a two year limited warranty against defective material and workmanship. The warranty only covers the HYDRO-ACTION plant components shown in this brochure and does not cover auxiliary equipment used in conjunction with the plant. For a detailed copy of our limited warranty contact your local HYDRO-ACTION dealer.

## INITIAL INSPECTION POLICY

The local servicing dealer from whom you purchased your HYDRO-ACTION plant will for the first two years after the date of installation inspect your plant on a regular basis. If operational adjustments are necessary they will be performed at this time. No charge is made for labor or service if required during this time unless the dealer has charged the purchaser for this 2 year initial inspection policy in the sale price of the plant. Pumping sludge from plant not included.



## CONTINUED INSPECTION POLICY

At the conclusion of the initial inspection policy the servicing dealer from whom you purchased your HYDRO-ACTION plant will make available an annual inspection policy for a nominal charge.

## HYDRO-ACTION SYSTEM MODELS :

- HYDRO-ACTION Model G-500 - 500 G.P.D.
- HYDRO-ACTION Model G-1000 - 1000 G.P.D.
- HYDRO-ACTION Model G-1500 - 1500 G.P.D.



For additional information contact:

**WILLIAM H. HUDSPETH P.E.**  
 18414 Burkhardt  
 Tomball, Texas 77375  
 713/351-2777

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All rights reserved.



The R-50 Turf Bird® family of rotors is a rugged line of sprinklers designed to efficiently irrigate turfgrass, shrub and slope areas. These rotors incorporate the latest technology to ensure the utmost in pop-up, pop-down reliability, vandal resistance, ease of arc adjustment, uniform coverage and performance in wind.

Ideal for a wide range of residential and commercial applications, the R-50 family consists of standard, commercial (with rubber cover and a Seal-A-Matic™ anti-drain device) and shrub models. And now the entire line comes with Rain Bird's new Quick-Change™ nozzles for faster, easier nozzle changes.

#### New Low Angle Models

Now the R-50 family includes the new R-50 Low Angle Rotors. Available in standard, commercial and shrub models, the R-50 Low Angle Rotors offer an 11° angle of trajectory for superior wind resistance and great water savings.

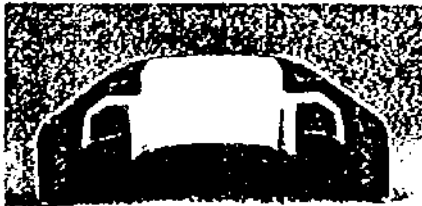
#### Memory Arc™

R-50 Rotors set a new standard for vandal resistance. Rotating an R-50 pop-up stem in any direction while the rotor is in operation has absolutely no affect on either the drive or the set arc. Moreover, should anyone tamper with the pop-up stem, Rain Bird's exclusive Memory Arc feature automatically returns the nozzle stream to its preset arc. As a result, there is no damage to the drive and no misadjustment of the arc—no stripped gears and no unwanted watering.

#### Multi-function Wiper Seal

Rain Bird's exclusive, patented multi-function wiper seal enables the R-50 to deliver unsurpassed pop-down reliability. In the retracted position, the wiper seal positively seals against the nozzle flange to keep debris out of the rotor.

During pop-up and pop-down, the seal's Quick-Flush™ action dramatically reduces flow-by while cleaning the pop-up stem of debris on every stroke.



#### Turbine Drive vs. Gear Drive

At the heart of the R-50 Rotor is an efficient, reliable turbine drive with internal impact speed reduction. It is this advanced design that enables the R-50 to deliver unsurpassed vandal resistance and easy arc adjustment.

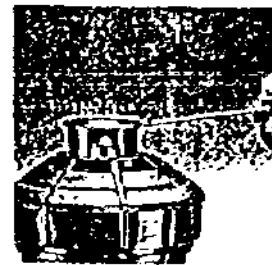
Both the R-50 and conventional "gear drive" rotors use a turbine to convert energy from the water flow into pop-up stem rotation. Instead of a series of critically dimensioned plastic gears sealed in oil, however, the R-50 has a simpler mechanism—two stainless steel impact balls. Captured and balanced on opposite sides of the turbine, the balls impact the pop-up stem every time the turbine turns 180°. This converts turbine rotation into pop-up stem rotation.

Advanced technology permits the R-50 to be water lubricated and to use fewer moving parts than conventional "gear drive" rotors, ensuring long-term reliability and utmost performance.

#### MPR Nozzles

The R-50 nozzles are the finest available, with matched precipitation rates and a standard 23° angle of trajectory for outstanding uniformity. For easy identification even when the rotor is fully retracted, the nozzle and the nozzle top insert are color coded. A stainless steel radius adjustment screw, located at the top of the nozzle, permits precise radius reduction of up to 25 percent.

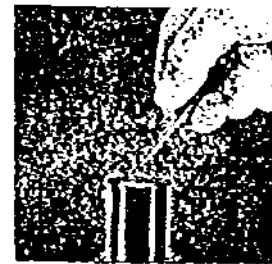
#### Quick-Change™ Nozzles



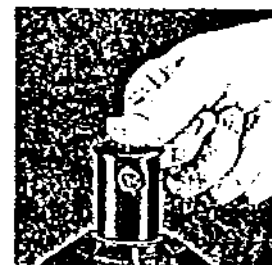
The new Quick-Change nozzles, now available on the full line of R-50 rotors, make nozzle changing a snap. Simply lift the rotor's pop-up stem by placing your screwdriver in the slot on either side of the stem flange.



Pop the nozzle retainer out with your screwdriver.



Insert the screwdriver and push out the nozzle. (The nozzle will be undamaged and reusable.)



Push in a new nozzle, snap in a new color-coded retainer, and you're done.

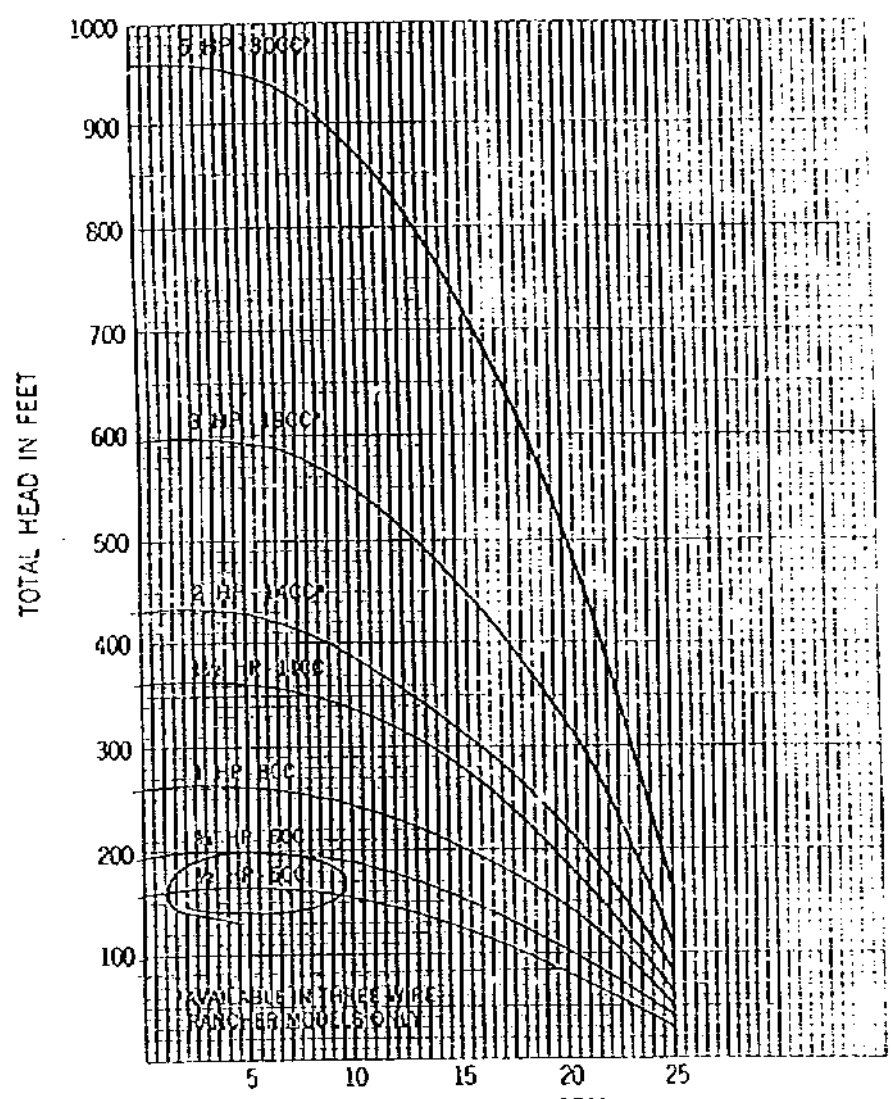
Note: When changing nozzle, color-coded flow bushing must also be changed.

With capacities for large homes and many farms, 18 GPM Series Submersible pumps feature Red Jacket Engineered Simplicity including an exclusive combination of 16

spline stainless steel shaft and abrasion resistant Noryl impellers and diffusers. The result is "balanced drive" which quietens vibration and assures longer pump life.

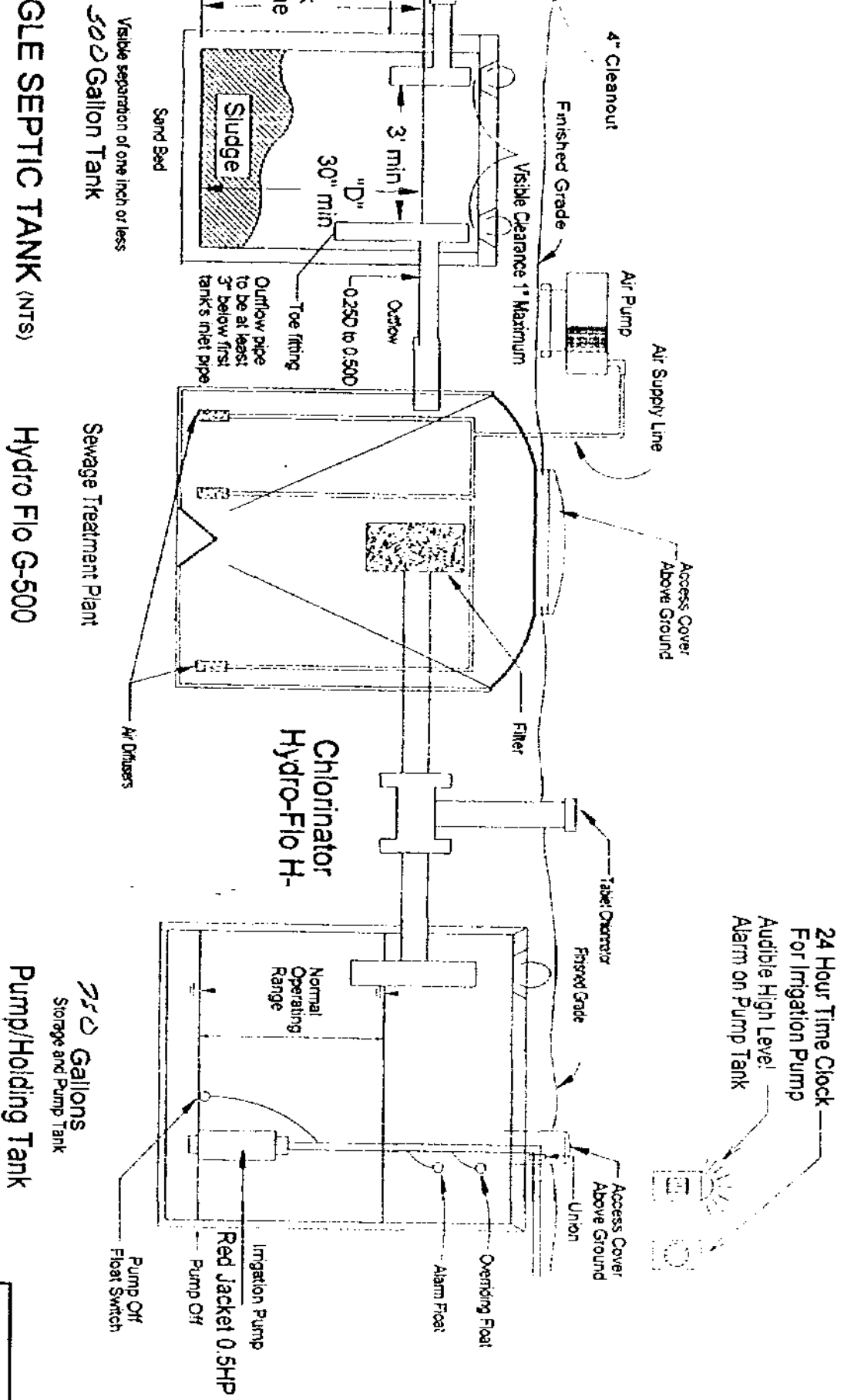


**PERFORMANCE CURVES FOR  
18 GPM SUBMERSIBLE SERIES "CC"**

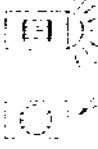


CAPACITY IN GPM  
 \*3-Wire Standard Construction Only.  
 †"U" Available in 1/2 thru 1 HP Only.  
**RED JACKET PUMPS • A MARLEY PUMP COMPANY**  
**DAVENPORT, IOWA**  
**MODEL CC 18 GPM RPM 3450**

**GUARANTEED AS MINIMUM PERFORMANCE ONLY IF CERTIFIED  
MINIMUM WELL SIZE — 4" I.D.**



24 Hour Time Clock  
For Irrigation Pump  
Audible High Level  
Alarm on Pump Tank



1. On-site sewage license must be obtained from the County prior to installing this waste disposal system.
2. System installation must be by a registered or design sewage licentiate as required by 4477.116 of Vernon's Civil Statutes or by the person under license. No County fee for this system shall be covered up without County's written approval.
3. If any discrepancies exist between this actual field conditions it is the installers to immediately notify the designer and the contractor prior to start of any work.
4. All construction methods and materials in accordance with county and state regulations unless specifically noted on this plan and approved by Harris County.
5. Site shall be carefully inspected after completion of system installation to provide positive proof. Absorption area shall be covered. Erosion shall be corrected to prevent storm water away from the absorption area.
6. This system, if installed and operated in accordance with this plan should not present a hazard to public health or the environment or adjacent water ways.



GLE SEPTIC TANK (NTS)

Hydro Flo G-500

Pump/Holding Tank

Contractor/Owner To provide:

1. Strip Out From Foundation:  
Max 12" Beneath Final Yard Grade

2. 2-110 volt - 20 amp Breakers to  
Treated Tank for Pumps  
and High Level Alarms

William H. Hudspeth  
18414 Burkhardt  
Tomball, Texas 77375  
713/351-2777

Tank Installation De

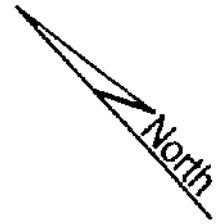
2518 Beauchamp

Spencer, TEXAS

5-23-95 No Sc



Lot 26  
Spring Creek Forest  
Howard Decrow Survey  
A - 221  
0.5 Acres



Spray Area Shown  
= 10,400 Sq. Ft.

Equiv. 4 Br = 375 GPD  
375 (8) = 300 GPD  
Spray Area Required -  
 $300 / .041 = 7317$  Sq. Ft.

- Use:
- 500 GPD WWT Hydro Action G-500
  - Stack Chlorinator Hydro Action H-5
  - 750 Gallon Tank w/ 0.5 HP Red Jacket Submerged Pump
  - 18 GPM @ 40 PSI With Audible High Level Alarm and 24 Hour Timer for Spray Control
  - 7 Rainbird R-50 Pop-Up Rotary Spray heads with Low Angle, Non-Aerosol Nozzels

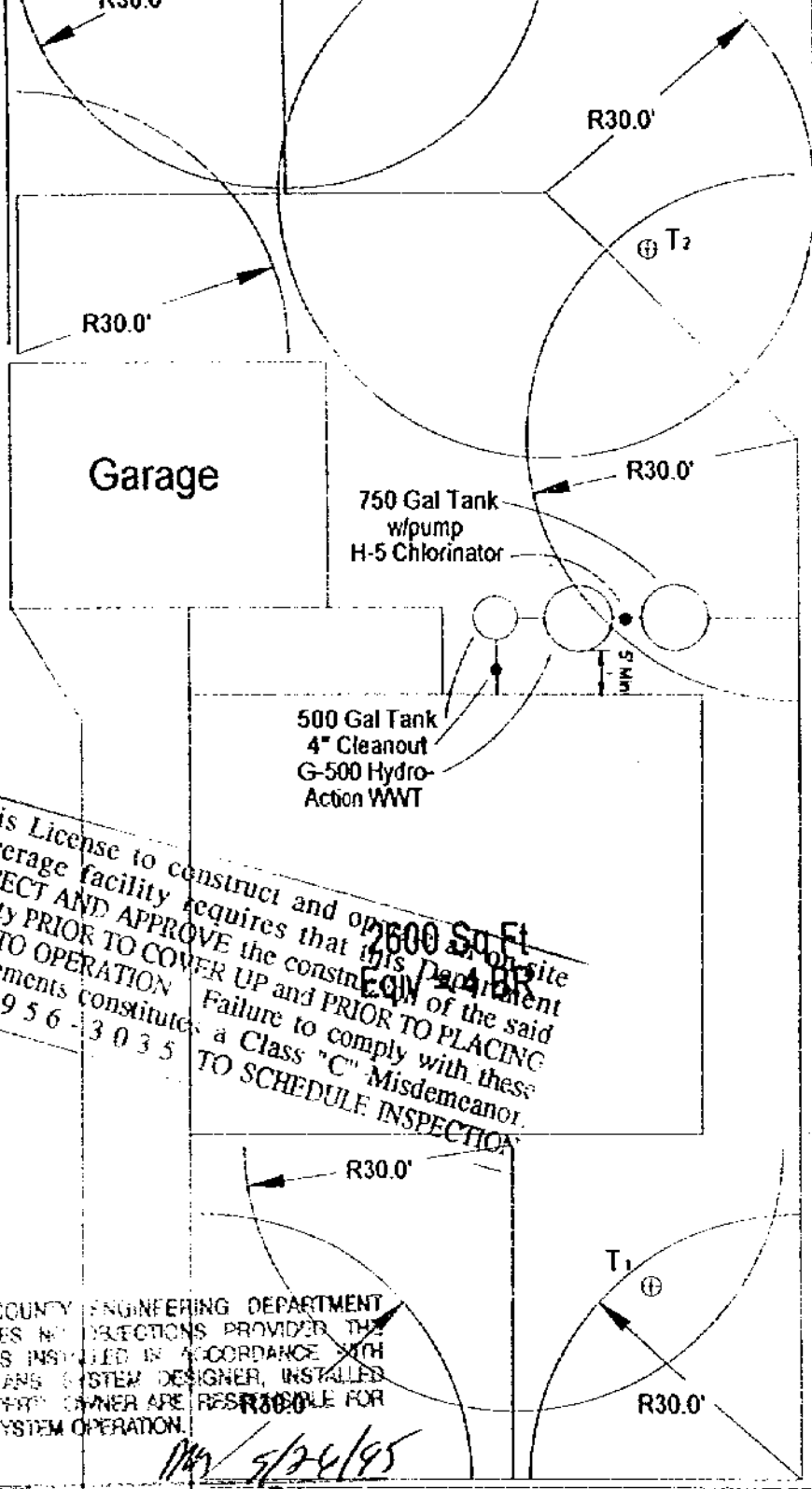
All Pipe:  
Sewer - 4" SDR 35 PVC  
Water Class 200 PVC  
Air SCH 40 CPVC

Entire Spray Area to be Covered With Sod or Approved Perennial Grass Seed Prior to Start Up of Unit.

10' Buffer

Property Line 198'

10' Buffer



This License to construct and operate an on-site sewerage facility requires that this Department INSPECT AND APPROVE the construction of the said facility PRIOR TO COVER UP and PRIOR TO PLACING IT INTO OPERATION. Failure to comply with these requirements constitutes a Class "C" Misdemeanor. TO SCHEDULE INSPECTION CALL 956-3035

HARRIS COUNTY ENGINEERING DEPARTMENT INTERPOSES NO OBJECTIONS PROVIDED THE SYSTEM IS INSTALLED IN ACCORDANCE WITH THESE PLANS SYSTEM DESIGNER, INSTALLED AND PROPERTY OWNER ARE RESPONSIBLE FOR PROPER SYSTEM OPERATION.

Signature  
Signature valid for 3 years

Date  
5/24/95

Property Line 110'

Broughton Lane



William H. Hudspeth, P.E.  
18414 Burkhardt  
Tomball, Texas 77375  
713/351-2777

In my professional opinion, this on-site sewerage facility can be operated without causing a threat

Proposed Septic Installation

25118 Broughton Lane  
Spring, Texas

Lot 26  
Spring Creek Forest  
Howard Decrow Survey  
A - 221  
0.5 Acres

Eqiv. 4 Br = 375 GPD  
375 (.8) = 300 GPD  
Spray Area Required -  
~~300 / .041 = 7317 Sq. Ft.~~  
300 / .044 = 6122 " "  
Spray Area Shown  
= 7,100 Sq. Ft.  
Maximum Daily volume  
allowable = 291 GPD  
291 / .041 = 1097 SQ. FT.  
Existing Well  
No tank or Spray Radius close  
than 50' to this Well

Use:  
- 500 GPD WWT  
Hydro Action G-500  
- Stack Chlorinator  
Hydro Action H-5  
- 750 Gallon Tank  
w/ 0.5 HP Red Jacket  
Submerged Pump  
- 18 GPM @ 40 PSI With  
Audible High Level Alarm  
and 24 Hour Timer  
for Spray Control  
- 7 Rainbird R-50 Pop-Up  
Rotary Spray heads  
with Low Angle,  
Non-Aerosol Nozzels

All Pipe:  
Sewer - 4" SDR 35 PVC  
Water Class 200 PVC  
Air SCH.40 CPVC

Entire Spray Area to be  
Covered With Sod or  
Approved Perinneal  
Grass Seed Prior to  
Start Up of Unit.

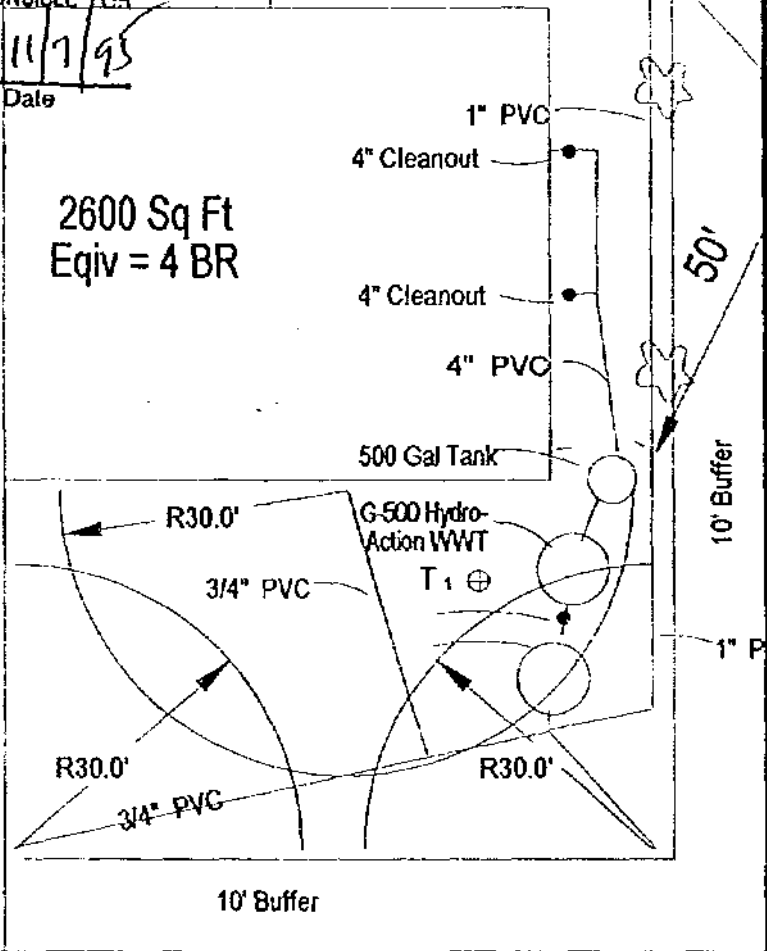
This License to construct and operate an on-site  
sewage facility requires that this Department  
INSPECT AND APPROVE the construction of the said  
facility PRIOR TO COVER UP and PRIOR TO PLACING  
IT INTO OPERATION. Failure to comply with these  
requirements constitutes a Class "C" Misdemeanor.  
CAL. 956-3035 TO SCHEDULE INSPECTION

HARRIS COUNTY ENGINEERING DEPARTMENT  
INTERPOSES NO OBJECTIONS PROVIDED THE  
SYSTEM IS INSTALLED IN ACCORDANCE WITH  
THESE PLANS. SYSTEM DESIGNER, INSTALLER  
AND PROPERTY OWNER ARE RESPONSIBLE FOR  
PROPER SYSTEM OPERATION.

Signature \_\_\_\_\_  
Signature valid for 3 years

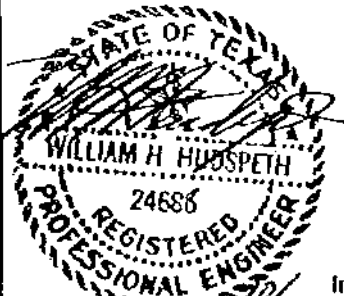
Date 11/7/95

NOTE: ULTRA-LOW FLOW TOILETS, FLOW  
RESTRICTING SHOWERHEADS AND FAUCET  
AERATORS REQUIRED IN THIS STRUCTURE.  
MANUFACTURER'S DATA MUST BE ON SITE  
AT TIME OF INSPECTION.



Public Water

Broughton Lane Permit # 2-2848-2



William H. Hudspeth, P.E.  
18414 Burkhardt  
Tomball, Texas 77375  
713/351-2777

Proposed Septic Installation

25118 Broughton Lane  
Spring, Texas

In my professional opinion, this on-site sewage  
facility can be operated without causing a threat

SL#  
2-2848-2  
Permit # ~~2-5515-2~~

# TESTING and REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after inspections. A copy shall be retained by the maintenance company for review by the permitting authority. Another copy shall be sent to the system owner along with an invoice, when needed, for service by the maintenance company.

cut

- 1. REQUIRED FREQUENCY OF VISITS: 4. per year
- 2. SYSTEM INSPECTIONS:

<u>SYSTEM INSPECTIONS</u>	<u>OPERATIONAL</u>	<u>INOPERATIVE</u>
1. Air pump -----	✓	_____
2. Air pump filters ----	✓	_____
3. Control panel -----	✓	_____
4. Diffusers -----	✓	_____
5. Irrigation Device ----	✓	_____
6. Disinfection Device --	✓	_____
7. Chlorine Supply -----	8	_____
8. Electrical Circuits --	✓	_____
9. Distribution System --	✓	_____
10. Other as noted -----	_____	_____

3. REPAIRS TO SYSTEM: (list all components replaced)

4. TESTS REQUIRED and RESULTS:

Chlorine residual 6.6 <sup>7.4</sup> ml/g  
 Settleable solids 15 min. 1/2 %

5. GENERAL COMMENTS or RECOMMENDATIONS:

OWNER'S NAME: Vance Sellers 2545 Broughton  
Houston, TX 77068  
 ADDRESS: 75118 PHONE: \_\_\_\_\_

SERVICING DEALER: WILLIAM H. HÜDSPETH P.E.  
18414 Burkhardt  
 ADDRESS: Tomball, Texas 77375 PHONE: \_\_\_\_\_  
713/351-2777

AUTHORIZED SIGNATURE: [Signature]

DATE: 6-10-96

~~2-8848-2~~  
2-2848-2  
AB

TESTING and REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after inspections. A copy shall be retained by the maintenance company for review by the permitting authority. Another copy shall be sent to the system owner along with an invoice, when needed, for service by the maintenance company.

1. Required Frequency of Visits: 3 per year

2. System Inspections:	Operational	Inoperative
a. Air Pump - - - - -	✓	_____
b. Air Pump Filter - - - - -	✓	_____
c. Control Panel - - - - -	✓	_____
d. Diffusers - - - - -	✓	_____
e. Irrigation - - - - -	✓	_____
f. Disinfection Device - - - - -	✓	_____
g. Chlorine Supply - - - - -	✓	_____
h. Electrical Circuits - - - - -	✓	_____
i. Distribution System - - - - -	✓	_____
j. Other as noted - - - - -	_____	_____

3. Repairs to System: (list all components replaced)

4. Tests Required and Results:

Chlorine residual: 0.6 ml/g  
Settleable solids: 1 %

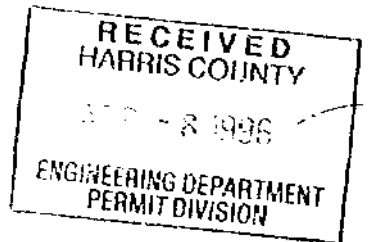
5. General Comments or Recommendations:

Owner's Name: Vene  
Address: 28118 Phone: \_\_\_\_\_

Service Dealer: WILLIAM W. BODSPETH PE DBA H & H WASTEWATER MGT.  
Address: Tomball, Texas 77375 Phone: 281-351-2777

Authorized signature: [Signature]

Date: 2-27-96



# TESTING and REPORTING RECORD

2-2848-2 ✓

This Testing and Reporting Record shall be completed, signed and dated after inspections. A copy shall be retained by the maintenance company for review by the permitting authority. Another copy shall be sent to the system owner along with an invoice, when needed, for service by the maintenance company.

- 1. REQUIRED FREQUENCY OF VISITS: 3 per year
- 2. SYSTEM INSPECTIONS:

<u>SYSTEM INSPECTIONS</u>	<u>OPERATIONAL</u>	<u>INOPERATIVE</u>
1. Air pump -----	✓	_____
2. Air pump filters -----	✓	_____
3. Control panel -----	✓	_____
4. Diffusers -----	✓	_____
5. Irrigation Device ----	✓	_____
6. Disinfection Device --	✓	_____
7. Chlorine Supply -----	✓	_____
8. Electrical Circuits --	✓	_____
9. Distribution System --	✓	_____
10. Other as noted -----	_____	_____

3. REPAIRS TO SYSTEM: (list all components replaced)  
 install New Sprinkler Head.

4. TESTS REQUIRED and RESULTS:

Chlorine residual \_\_\_\_\_ ml/g  
 Settleable solids 15 min. 0 %

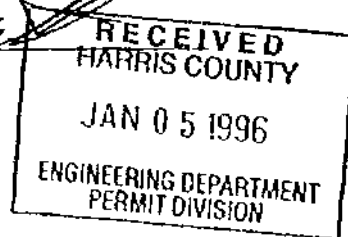
5. GENERAL COMMENTS or RECOMMENDATIONS: \_\_\_\_\_

OWNER'S NAME: VANCE FEIGERS  
 ADDRESS: 25118 Broughton PHONE: \_\_\_\_\_

WILLIAM H. HUDSPETH P.E.

SERVICING DEALER: 18414 Burkhardt  
 ADDRESS: Tomball, Texas 77375 PHONE: \_\_\_\_\_  
713/351-2777

AUTHORIZED SIGNATURE: [Signature]  
 DATE: 11-27-95



ll consist of:

ual and Ph, we will visually inspect the treatment p  
lity, odor, sludge, and scum buildup. A mechanical visu  
ation pump, alarm tests, and electrical control condi  
rrigation pump station, spray heads, and pressure lin

cover cost of service calls, labor, or materials due  
failure to maintain electrical power to the system, s  
c/organic design capabilities; disposal of nonbiodegr  
rease, oil, paint, etc. Additional service such as pur  
onsibility of the homeowner. This agreement does not  
. Owner is responsible for maintaining tamper resista

D and TSS laboratory sample collections will be inclu  
All testing and reporting is required by County and c  
ts will be submitted to the County.

. all owners of aerobic systems must maintain a facto  
ne lifetime of the system. Warning! It is the owner's  
to the OSSF as needed. The effluent may be laden wit  
ver than 1.0 PPM constituting a possible health hazar

ay void this contract at any time for nonpayment of m  
We must have safe access to the system. Maintenance v  
nts.

**must have safe access to Septic System. If unable to se  
that will count as your maintenace & there is a service  
responsible for maintaining tamper resistant screws to  
ry.**



**A&P AEROBIC SERVICES, L.L.C.**

LICENSE # MP1184

6606 FM 1488 STE 148-359

MAGNOLIA, TX 77354

(936) 851-2169

(936) 321-8191

(936) 851-2138

✉ apaerobic@centurylink.net

To: **SAMIRA KHAN**  
**25118 BROUGHTON ST.**  
**SPRING, TX 77373-6066**

**Permit No.: 2-2848-2**

System Brand: HYDRO-ACTION

S/N: G500 697

County: HARRIS

Key Map: 293 P

Cell: (405) 821-0393

Customer ID: 3027

Subdivision: N/A

4 Inspections in a Year [1 Inspection every 3 Months]

Maintenance Contract Period Starts on 7/12/2018 and Ends on 7/12/2019

Inspection calls will consist of:

Test for chlorine residual and Ph, we will visually inspect the treatment plant, effluent quality, color, turbidity, odor, sludge, and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, alarm tests, and electrical control conditions. We will visually inspect the irrigation pump station, spray heads, and pressure lines.

This Agreement doesn't cover cost of service calls, labor, or materials 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 nonbiodegradable materials, chemicals, solvents, grease, oil, paint, etc. Additional service such as pumping of the unit or pre-tank is the responsibility of the homeowner. This agreement does not include the cost of repairs or chlorine. Owner is responsible for maintaining tamper resistant screws.

The required annual BOD and TSS laboratory sample collections will be included in the contract as required. All testing and reporting is required by County and copies of this contract and all reports will be submitted to the County.

According to state law, all owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system. Warning! It is the owner's responsibility to supply SEPTIC CHLORINE to the OSSF as needed. The effluent may be laden with bacteria if Chlorine levels are lower than 1.0 PPM constituting a possible health hazard.

A&P Aerobic Services may void this contract at any time for nonpayment of maintenance, repairs, or supplies. We must have safe access to the system. Maintenance visits are not made by scheduled appointments.

**We do not call ahead and must have safe access to Septic System. If unable to service system due to gate, dogs, etc. that will count as your maintenance & there is a service call charge to go back out. Owner is responsible for maintaining tamper resistant screws to lids to prevent unauthorized entry.**

We will service your aerobic system once every 3 month(s) and we will respond to any owner complaints or problems within 2 days.  
The cost of this contract is \$330.00 which must be paid in full.

Owner Signature: PAID CC BY PHONE

Date: \_\_\_\_\_

Owner Print Name: SAMIRA KHAN

Phone: \_\_\_\_\_

Certified Inspector: Pete Giacona

Date: 5-7-18

Pete Giacona - President / LIC# WW0020518



**A&P AEROBIC SERVICES, L.L.C.**

LICENSE # MP1184

6606 FM 1488 STE 148-359

MAGNOLIA, TX 77354

☎ (936) 851-2169

☎ (936) 321-8191

☎ (936) 851-2138

✉ apaerobic@centurylink.net

To: **SAMIRA KHAN**  
**25118 BROUGHTON ST.**  
**SPRING, TX 77373-6066**

**Permit No.: 2-2848-2**  
System Brand: HYDRO-ACTION  
S/N: G500 697  
County: HARRIS  
Key Map: 293 P  
Cell: (405) 821-0393

Customer ID: 3027

Subdivision: N/A

4 Inspections in a Year [1 Inspection every 3 Months]

Maintenance Contract Period Starts on 7/12/2017 and Ends on 7/12/2018

Inspection calls will consist of:

Test for chlorine residual and Ph, we will visually inspect the treatment plant, effluent quality, color, turbidity, odor, sludge, and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, alarm tests, and electrical control conditions. We will visually inspect the irrigation pump station, spray heads, and pressure lines.

This Agreement doesn't cover cost of service calls, labor, or materials 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 nonbiodegradable materials, chemicals, solvents, grease, oil, paint, etc. Additional service such as pumping of the unit or pre-tank is the responsibility of the homeowner. This agreement does not include the cost of repairs or chlorine. Owner is responsible for maintaining tamper resistant screws.

The required annual BOD and TSS laboratory sample collections will be included in the contract as required. All testing and reporting is required by County and copies of this contract and all reports will be submitted to the County.

According to state law, all owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system. Warning! It is the owner's responsibility to supply SEPTIC CHLORINE to the OSSF as needed. The effluent may be laden with bacteria if Chlorine levels are lower than 1.0 PPM constituting a possible health hazard.

A&P Aerobic Services may void this contract at any time for nonpayment of maintenance, repairs, or supplies. We must have safe access to the system. Maintenance visits are not made by scheduled appointments.

**We do not call ahead and must have safe access to Septic System. If unable to service system due to gate, dogs, etc. that will count as your maintenance & there is a service call charge to go back out. Owner is responsible for maintaining tamper resistant screws to lids to prevent unauthorized entry.**

We will service your aerobic system once every 3 month(s) and we will respond to any owner complaints or problems within 2 days.

The cost of this contract is \$330.00 which must be paid in full.

Owner Signature: PAID C BY PHONE

Date: 5-25-17

Owner Print Name: SAMIRA KHAN

Phone: \_\_\_\_\_

Certified Inspector: Pete Giacona

Date: 5-25-17

Pete Giacona - President / LIC# WW0029518





**A&P AEROBIC SERVICES, L.L.C.**

LICENSE # MP1184

6606 FM 1488 STE 148-359

MAGNOLIA, TX 77354

(936) 851-2169

(936) 321-8191

(936) 851-2138

To: **SAMIRA KHAN**  
**25118 BROUGHTON ST.**  
**SPRING, TX 77373-6066**

**Permit: 2-2848-2**  
System Brand: HYDRO-ACTION  
Key Map: 293 P  
County: HARRIS  
Cell: (405) 821-0393

Customer ID: 3027

Subdivision: N/A

4 Inspections in a Year [1 Inspection every 3 Months]

Maintenance Contract Period Starts on 7/12/2016 and Ends on 7/12/2017

Inspection calls will consist of:

Test for chlorine residual and Ph, we will visually inspect the treatment plant, effluent quality, color, turbidity, odor, sludge, and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, alarm tests, and electrical control conditions. We will visually inspect the irrigation pump station, spray heads, and pressure lines.

This Agreement will not cover cost of service calls, labor, or materials which are 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 nonbiodegradable materials, chemicals, solvents, grease, oil, paint, etc. Additional service such as pumping of the unit or pre-tank is the responsibility of the homeowner. This agreement does not include the cost of repairs or chlorine. Owner is responsible for maintaining tamper resistant screws.

The required annual BOD and TSS laboratory sample collections will be included in the contract as required. All testing and reporting is required by County and copies of this contract and all reports will be submitted to the County.

According to state law, all owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system. Warning! It is the owner's responsibility to supply SEPTIC CHLORINE to the OSSF as needed. The effluent may be laden with bacteria if Chlorine levels are lower than 1.0 PPM constituting a possible health hazard.

A&P Aerobic Services may void this contract at any time for nonpayment of maintenance, repairs, or supplies. We must have safe access to the system. Maintenance visits are not made by scheduled appointments.

**We do not call ahead and must have safe access to Septic System. Owner is responsible for maintaining tamper resistant screws to lids to prevent unauthorized entry.**

We will service your aerobic system once every 3 month(s) and we will respond to any owner complaints or problems within 2 days.

The cost of this service is \$330.00 which can be paid in full or \$0.00 each maintenance.

Owner Signature: PAID CC BY PHONE

Date: \_\_\_\_\_

Owner Print Name: SAMIRA KHAN

Phone: \_\_\_\_\_

Certified Inspector: Pete Giacona  
Pete Giacona - President

Date: 7-12-16



**A&P AEROBIC SERVICES, L.L.C.**

LICENSE # MP1184  
6606 FM 1488 STE 148-359  
MAGNOLIA, TX 77354

(936) 851-2169  
(936) 321-8191  
(936) 851-2138

apaerobic@centurylink.net

To: **SAMIRA KHAN**  
**25118 BROUGHTON ST.**  
**SPRING, TX 77373-6066**

Permit No.: 2-2848-2  
System Brand: HYDRO-ACTION  
Key Map: 293 P  
County: HARRIS  
Cell: (405) 821-0393

Customer ID: 3027

Subdivision: N/A

4 Inspections in a Year [1 Inspection every 3 Months]

Maintenance Contract Period Starts on 7/10/2015 and Ends on 7/10/2016

Inspection calls will consist of:

Test for chlorine residual and Ph, we will visually inspect the treatment plant, effluent quality, color, turbidity, odor, sludge, and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, alarm tests, and electrical control conditions. We will visually inspect the irrigation pump station, spray heads, and pressure lines.

This Agreement will not cover cost of service calls, labor, or materials which are 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 nonbiodegradable materials, chemicals, solvents, grease, oil, paint, etc. Additional service such as pumping of the unit or pre-tank is the responsibility of the homeowner. This agreement does not include the cost of repairs or chlorine. Owner is responsible for maintaining tamper resistant screens.

The required annual BOD and TSS laboratory sample collections will be included in the contract as required. All testing and reporting is required by County and copies of this contract and all reports will be submitted to the County.

According to state law, all owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system. Warning! It is the owner's responsibility to supply SEPTIC CHLORINE to the OSSE as needed. The effluent may be laden with bacteria if Chlorine levels are lower than 1.0 PPM constituting a possible health hazard.

A&P Aerobic Services may void this contract at any time for nonpayment of maintenance, repairs, or supplies. We must have safe access to the system. Maintenance visits are not made by scheduled appointments.

We do not call ahead and must have safe access to Septic System.

We will service your aerobic system once every 3 month(s) and we will respond to any owner complaints or problems within 2 days

The cost of this service is \$330.00 which can be paid in full or \$0.00 each maintenance.

Owner Signature: *Samira Khan*

Date: July 10, 2015

Owner Print Name: SAMIRA KHAN

Phone: 405-821-0393

Certified Inspector: *Pete Giacoma*  
Pete Giacoma - President

Date: 7-10-15

*Paid by c/c*



**A&P AEROBIC SERVICES, L.L.C.**

LICENSE # MC0000041

6606 FM 1488 STE 148-359

MAGNOLIA, TX 77354

☎ (936) 851-2169

☎ (936) 321-8191

☎ (936) 851-2138

✉ apaerobic@centurylink.net

To: **ROBERT & CYNTHIA BURNETT**  
**25118 BROUGHTON ST**  
**SPRING, TX 77373-6066**

Permit No.: 2-2848-2  
System Brand: HYDRO-ACTION  
Key Map: 293 P  
County: HARRIS  
Home: (832) 459-7207

Customer ID: 3027

Subdivision: N/A

4 Inspections in a Year [1 Inspection every 3 Months]

Maintenance Contract Period Starts on 3/1/2013 and Ends on 3/1/2014

Inspection calls will consist of:

Test for chlorine residual and Ph, we will visually inspect the treatment plant, effluent quality, color, turbidity, odor, sludge, and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, alarm tests, and electrical control conditions. We will visually inspect the irrigation pump station, spray heads, and pressure lines.

This Agreement will not cover cost of service calls, labor, or materials which are 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 nonbiodegradable materials, chemicals, solvents, grease, oil, paint, etc. Additional service such as pumping of the unit or pre-tank is the responsibility of the homeowner. This agreement does not include the cost of repairs or chlorine. Owner is responsible for maintaining tamper resistant screws.

The required annual BOD and TSS laboratory sample collections will be included in the contract as required. All testing and reporting is required by County and copies of this contract and all reports will be submitted to the County.

According to state law, all owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system. Warning! It is the owner's responsibility to supply SEPTIC CHLORINE to the OSSF as needed. The effluent may be laden with bacteria if Chlorine levels are lower than 1.0 PPM constituting a possible health hazard.

A&P Aerobic Services may void this contract at any time for nonpayment of maintenance, repairs, or supplies. We must have safe access to the system. Maintenance visits are not made by scheduled appointments. *\*BOD / TSS Required by County - Price Included\**

We do not call ahead and must have safe access to Septic System.

We will service your aerobic system once every 3 month(s) and we will respond to any owner complaints or problems within 2 days.

The cost of this service is \$330.00 which can be paid in full or \$0.00 each maintenance.

Owner Signature: *Robert Burnett*

Date: 3/12/2013

Owner Print Name: Robert Burnett

Phone: 832-459-7207

Certified Inspector: *Pete Giacona*  
Pete Giacona - President

Date: 3-19-13

LICENSE # MC0000041  
6606 FM 1488 STE 148-359  
MAGNOLIA, TX 77354

Phone: (936) 851-2169 or (936) 321-8191 Fax: (936) 851-2138

To: ROBERT & CYNTHIA BURNETT  
25118 BROUGHTON ST  
SPRING, TX 77373-6066

Permit No.: 2-2848-2  
4 inspections per year - one every 3 months  
System Brand: HYDRO-ACTION  
County: HARRIS  
Customer ID: 3027

Phone: (281) 907-7574  
Key Map: 293 P

Maintenance Contract Period	Start Date: <del>11/1/11</del>	End Date: 11/01/12
	03/01/2012	03/01/2013

Inspection calls will consist of:

Test for chlorine residual and Ph, we will visually inspect the treatment plant, effluent quality, color, turbidity, odor, sludge, and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, alarm tests, and electrical control conditions. We will visually inspect the irrigation pump station, spray heads, and pressure lines.

This Agreement will not cover cost of service calls, labor, or materials which are 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 nonbiodegradable materials, chemicals, solvents, grease, oil, paint, etc. Additional service such as pumping of the unit or pre-tank is the responsibility of the homeowner. This agreement does not include the cost of repairs or chlorine. Owner is responsible for maintaining tamper resistant screws.

The required annual BOD and TSS laboratory sample collections will be included in the contract as required. All testing and reporting is required by County and copies of this contract and all reports will be submitted to the County.

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A&P Aerobic Services may void this contract at any time for nonpayment of maintenance, repairs, or supplies. We must have safe access to the system. Maintenance visits are not made by scheduled appointments.

**WE DO NOT CALL AHEAD & MUST HAVE SAFE ACCESS TO SEPTIC SYSTEM**

We will service your aerobic system once every 3 month(s) and we will respond to any owner complaints or problems within 2 days.

The cost of this service is \$240.00 which can be paid in full or \$0 each maintenance.

Owner Signature: [Signature]

Date: 01-MARCH-2012

Owner Print Name: Robert Burnett

Phone: 832-459-7207

Certified Inspector: Pete Giacona

Date: MARCH 9, 2012

Pete Giacona -- President  
LIC.# WW0020518

2

LICENSE # MC0000041  
6606 FM 1488 STE 148-359  
MAGNOLIA, TX 77354

Phone: (936) 851-2169 or (936) 321-8191 Fax: (936) 851-2138

To: ROBERT & CYNTHIA BURNETT  
25118 BROUGHTON ST  
SPRING, TX 77373-6066

Permit No.: 2-2848-2  
4 inspections per year - one every 3 months  
System Brand: HYDRO-ACTION  
County: HARRIS  
Customer ID: 3027

Phone: (281) 907-7574  
Key Map: 293 P

Maintenance Contract Period	Start Date: <del>11/1/11</del>	End Date: 11/01/12
	03/01/2012	03/01/2013

Inspection calls will consist of:

Test for chlorine residual and Ph, we will visually inspect the treatment plant, effluent quality, color, turbidity, odor, sludge, and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, alarm tests, and electrical control conditions. We will visually inspect the irrigation pump station, spray heads, and pressure lines.

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**WE DO NOT CALL AHEAD & MUST HAVE SAFE ACCESS TO SEPTIC SYSTEM**

We will service your aerobic system once every 3 month(s) and we will respond to any owner complaints or problems within 2 days.


The cost of this service is \$240.00 which can be paid in full or \$0 each maintenance.

Owner Signature: 

Date: 01-MARCH-2012

Owner Print Name: Robert Burnett

Phone: 832-459-7207

Certified Inspector:  3-19-12

Date: MARCH 9, 2012

Pete Giacona -- President  
LIC.# WW0020518



LICENSE # MC0000041  
6606 FM 1488 STE 148-359  
MAGNOLIA, TX 77354

Phone: (936) 851-2169 or (936) 321-8191 Fax: (936) 851-2138

To: ROBERT & CYNTHIA BURNETT  
25118 BROUGHTON ST  
SPRING, TX 77373-6066

Permit No.: 2-2848-2  
4 inspections per year - one every 3 months  
System Brand: HYDRO-ACTION  
County: HARRIS  
Customer ID: 3027

Phone: (281) 907-7574  
Key Map: 293 P

Maintenance Contract Period	Start Date: <del>11/1/11</del>	End Date: 11/01/12
	03/01/2012	03/01/2013

Inspection calls will consist of:

Test for chlorine residual and Ph, we will visually inspect the treatment plant, effluent quality, color, turbidity, odor, sludge, and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, alarm tests, and electrical control conditions. We will visually inspect the irrigation pump station, spray heads, and pressure lines.

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**WE DO NOT CALL AHEAD & MUST HAVE SAFE ACCESS TO SEPTIC SYSTEM**

We will service your aerobic system once every 3 month(s) and we will respond to any owner complaints or problems within 2 days.

The cost of this service is \$240.00 which can be paid in full or \$0 each maintenance.

Owner Signature: 

Date: 01-MARCH-2012

Owner Print Name: Robert Burnett

Phone: 832-459-7207

Certified Inspector: 

Date: MARCH 9, 2012

Pete Giacona -- President  
LIC.# WW0020518



**A&P AEROBIC SERVICES, L.L.C.**  
**LICENSE # MC0000041**  
**6606 FM 1488 STE 148-359**  
**MAGNOLIA, TX 77354-**

**Phone: (936) 851-2169 or (936) 321-8191 Fax: (936) 851-2138**

**To: ROBERT & CYNTHIA BURNETT**  
**25118 BROUGHTON ST**  
**SPRING, TX 77373-6066**

Phone: (281) 907-7574  
Key Map: 293 P

Permit No.: 2-2848-2  
4 inspections per year - one every 3 months  
System Brand: HYDRO-ACTION  
County: HARRIS  
Customer ID: 3027

<b>Maintenance Contract Period</b>	<b>Start Date: <del>11/11</del></b>	<b>End Date: 11/01/12</b>
------------------------------------	-------------------------------------	---------------------------

03/01/2012 *EM*      03/01/2013 *EM*

Inspection calls will consist of:

Test for chlorine residual and Ph, we will visually inspect the treatment plant, effluent quality, color, turbidity, odor, sludge, and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, alarm tests, and electrical control conditions. We will visually inspect the irrigation pump station, spray heads, and pressure lines.

This Agreement will not cover cost of service calls, labor, or materials which are 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 nonbiodegradable materials, chemicals, solvents, grease, oil, paint, etc. Additional service such as pumping of the unit or pre-tank is the responsibility of the homeowner. This agreement does not include the cost of repairs or chlorine. Owner is responsible for maintaining tamper resistant screws.

The required annual BOD and TSS laboratory sample collections will be included in the contract as required. All testing and reporting is required by County and copies of this contract and all reports will be submitted to the County.

According to state law, all owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system. Warning! It is the owner's responsibility to supply SEPTIC CHLORINE to the OSSF as needed. The effluent may be laden with bacteria if Chlorine levels are lower than 1.0 PPM constituting a possible health hazard.

A&P Aerobic Services may void this contract at any time for nonpayment of maintenance, repairs, or supplies. We must have safe access to the system. Maintenance visits are not made by scheduled appointments.

**WE DO NOT CALL AHEAD & MUST HAVE SAFE ACCESS TO SEPTIC SYSTEM**

We will service your aerobic system once every 3 month(s) and we will respond to any owner complaints or problems within 2 days.

The cost of this service is \$240.00 which can be paid in full or \$0 each maintenance.

Owner Signature: *Robert Burnett*

Date: 01-MARCH-2012

Owner Print Name: Robert Burnett

Phone: 832-459-7207

Certified Inspector: *Pete Giacona* 3-19-12

Date: MARCH 9, 2012

Pete Giacona - President  
LIC.# WW0020518

DKH R

2-2848-2

SERVICE CONTRACT

William H. Hudspeth P. E., DBA H&H Wastewater Management, hereafter called "contractor," will perform services as outlined below for

Yance Fellers, hereafter called "owner," on

the Hydro-Action Waste Water Treatment unit located at

25118 Broughton <sup>Spring</sup> 77373. Service contract will begin

on October 12, 1999 and continue for a period of:

One year @ \$250.00

OR

Two years @ \$400.00

Services provided by contractor will include the following:

Routine quarterly inspections will be made by the contractor and reported to the county as required by the State of Texas.

These inspections include:

1. Cleaning of air stones.
2. Inspection, adjustment and servicing of air pump, air filters, and control panel.
3. Inspection of water pump, sprinkler heads, and spray patterns.
4. Testing for PH and chlorine residual.

This policy does NOT cover:

1. Cost of chlorine tablets.
2. Pumping of sludge from solids tank, wastewater treatment tank or pump tank.
3. Labor or materials required for repair or replacement of mechanical parts.

Contract amount payable in full at initiation of this contract.

Contractor: William H. Hudspeth P. E.  
Date: 9-17-99

Owner: Yance Fellers  
Date: \_\_\_\_\_  
Phone# 281-350-5341

18414 Burkhardt  
Tomball, Tx. 77375  
(281) 351-2777

Received  
12-16-99  
Last inspection 6-14-99

RECEIVED  
HARRIS COUNTY  
JAN 13 2000



7-2848-0  
7-16

TESTING and REPORTING RECORD

78848-2

This Testing and Reporting Record shall be completed, signed and dated after inspections. A copy shall be retained by the maintenance company for review by the permitting authority. Another copy shall be sent to the system owner along with an invoice, when needed, for service by the maintenance company.

- 1. REQUIRED FREQUENCY OF VISITS: 4. per year
- 2. SYSTEM INSPECTIONS:

<u>SYSTEM INSPECTIONS</u>	<u>OPERATIONAL</u>	<u>INOPERATIVE</u>
1. Air pump -----	<u>/</u>	_____
2. Air pump filters -----	<u>/</u>	_____
3. Control panel -----	<u>/</u>	_____
4. Diffusers -----	<u>/</u>	_____
5. Irrigation Device -----	<u>/</u>	_____
6. Disinfection Device --	<u>/</u>	_____
7. Chlorine Supply -----	<u>/</u>	_____
8. Electrical Circuits --	<u>/</u>	_____
9. Distribution System --	<u>/</u>	_____
10. Other as noted -----	_____	_____

3. REPAIRS TO SYSTEM: (list all components replaced)

4. TESTS REQUIRED and RESULTS:

Chlorine residual 0.5 ml/g ?  
Settleable solids 15 min. \_\_\_\_\_ & Holes covered!

5. GENERAL COMMENTS or RECOMMENDATIONS: Needs pumping!

OWNER'S NAME: Vance Sellers  
ADDRESS: 25118 Broughton Spring 770373 PHONE: \_\_\_\_\_

SERVICING DEALER: WILLIAM H. HUDSPETH P.E.  
ADDRESS: 18414 Burkhardt Tomball, Texas 77375 PHONE: 713/351-2777

AUTHORIZED SIGNATURE: [Signature]  
INSTALLER

DATE: 10-15-98

RECEIVED  
HARRIS COUNTY  
OCT 26 1998

05 3127

2-2398-2

~~2-8848~~ 2

SERVICE CONTRACT

William H. Hudspeth P. E., DBA H&H, Wastewater Management, hereafter called "contractor," will perform services as outlined below for

Vance Sellers, hereafter called "owner," on

the Hydro-Action Waste Water Treatment unit located at

25118 Broughton. Service contract will begin

on October 13, 1998 and continue for a period of one year.

Services provided by contractor will include the following:

Routine quarterly inspections will be made by the contractor and reported to the county as required by the State of Texas.

These inspections include:

1. Cleaning and/or replacement of air stones.
2. Inspection, adjustment and servicing of air pump, air filters, and control panel.
3. Inspection of water pump, sprinkler heads, and spray patterns.
4. Testing for PH and chlorine residual, plus annual test for BOD and TSS.

This policy does not cover:

1. Cost of chlorine tablets.
2. Pumping of sludge from solids tank, wastewater treatment tank or pump tank.
3. Labor or materials required for repair or replacement of mechanical parts.

The owner agrees to pay contractor \$ 250.00 annually for these services, payable in full at initiation of this contract.

Contractor Wm H. Hudspeth  
Date 9-28-98

Owner Vance Sellers  
Date 10/10/98  
Phone# 281-350-5341

18414 Burkhardt  
Tomball, Tx. 77375  
(281) 351-2777

RECEIVED  
HARRIS COUNTY

OCT 26 1998

2-2848-2

Permit # ~~2-8848-2~~

TESTING and REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after inspections. A copy shall be retained by the maintenance company for review by the permitting authority. Another copy shall be sent to the system owner along with an invoice, when needed, for service by the maintenance company.

1. Required Frequency of Visits: 4 per year

2. System Inspections:	Operational	Inoperative
a. Air Pump - - - - -	<u>/</u>	_____
b. Air Pump Filters - - -	<u>/</u>	_____
c. Control Panel - - - -	<u>/</u>	_____
d. Diffusers - - - - -	<u>/</u>	_____
e. Irrigation - - - - -	<u>/</u>	_____
f. Disinfection Device -	<u>/</u>	_____
g. Chlorine Supply - - -	<u>/</u>	_____
h. Electrical Circuits -	<u>/</u>	_____
i. Distribution System -	<u>/</u>	_____
j. Other as noted - - -	_____	_____

3. Repairs to System: (list all components replaced)

RECEIVED  
HARRIS COUNTY  
AUG 17 1998

4. Tests Required and Results:

Chlorine residual 0.5 ml/g 7.6  
Settleable solids 15 min. 10 %

5. General Comments or Recommendations: Added 10 TAB

ATD. West. to 2. Sp. CRK to 2. Broughton

Owner's Vanessa Fellers  
Address: 25118 Broughton Spring 77373 Phone: \_\_\_\_\_ Date: 7-16-98

Servicing Dealer Signature: [Signature]  
Address: H&H Phone: \_\_\_\_\_ Date: \_\_\_\_\_

WASTEWATER MANAGEMENT  
18414 BURKHARDT  
TOMBALL, TEXAS 77375  
281 / 351-2777

053127

2-2848-2

Permit # ~~2-8848-2~~

TESTING and REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after inspections. A copy shall be retained by the maintenance company for review by the permitting authority. Another copy shall be sent to the system owner along with an invoice, when needed, for service by the maintenance company.

1. Required Frequency of Visits: 4 per year

2. System Inspections:	Operational	Inoperative
a. Air Pump - - - - -	<u>/</u>	<u>      </u>
b. Air Pump Filters - - -	<u>/</u>	<u>      </u>
c. Control Panel - - - -	<u>/</u>	<u>      </u>
d. Diffusers - - - - -	<u>/</u>	<u>      </u>
e. Irrigation - - - - -	<u>/</u>	<u>      </u>
f. Disinfection Device -	<u>/</u>	<u>      </u>
g. Chlorine Supply - - -	<u>/</u>	<u>      </u>
h. Electrical Circuits -	<u>/</u>	<u>      </u>
i. Distribution System -	<u>/</u>	<u>      </u>
j. Other as noted - - -	<u>      </u>	<u>      </u>

3. Repairs to System: (list all components replaced)

4. Tests Required and Results:

Chlorine residual 0.3 ml/g 7.2  
 Settleable solids 15 min. 10 %

5. General Comments or Recommendations: Added 10 tablets

Owner's Vance Fellers  
 Address: 2518 Broughton Spring 77375 Phone: \_\_\_\_\_  
 Date: 4-2-98

Servicing Dealer Signature: [Signature]  
 Address: H & H Phone: \_\_\_\_\_  
 Date: \_\_\_\_\_

WASTEWATER MANAGEMENT  
 18414 BURKHARDT  
 TOMBALL, TEXAS 77375  
 281 / 351-2777

05 3127

2-2848-2

Permit # ~~2-8848-2~~

TESTING and REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after inspections. A copy shall be retained by the maintenance company for review by the permitting authority. Another copy shall be sent to the system owner along with an invoice, when needed, for service by the maintenance company.

1. Required Frequency of Visits: 4 per year

2. System Inspections:	Operational	Inoperative
a. Air Pump - - - - -	X	
b. Air Pump Filters - - -	X	
c. Control Panel - - - -	X	
d. Diffusers - - - - -	X	
e. Irrigation - - - - -	X	
f. Disinfection Device -		X
g. Chlorine Supply - - -	X	
h. Electrical Circuits -	X	
i. Distribution System -		X
j. Other as noted - - -		

3. Repairs to System: (list all components replaced)  
N/A

4. Tests Required and Results:

Chlorine residual 0.5 ml/g PH-7.2  
Settleable solids 15 min. 5" %

5. General Comments or Recommendations: This system needs immediate attention! Holding tank is full of sludge. Center piece is turned over and is bubbling at PVC pipe!!

Owner's Vance Fellers  
Address: 25118 Broughton Phone: \_\_\_\_\_  
Spring TX 77373 Date: 12-9-97

Servicing Dealer Signature: \_\_\_\_\_  
Address: WILLIAM H. HUDSPETH P.E. Phone: \_\_\_\_\_  
18414 Burkhardt Date: 12/10/97  
Tomball, Texas 77375  
281 / 351-2777

449-42-3193

*2-2848-2*

Permit # 2-8848-2

TESTING and REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after inspections. A copy shall be retained by the maintenance company for review by the permitting authority. Another copy shall be sent to the system owner along with an invoice, when needed, for service by the maintenance company.

1. Required Frequency of Visits: 4 per year

2. System Inspections:	Operational	Inoperative
a. Air Pump - - - - -	X	
b. Air Pump Filters - - -	X	
c. Control Panel - - - -	X	
d. Diffusers - - - - -	X	
e. Irrigation - - - - -	X	
f. Disinfection Device -		X
g. Chlorine Supply - - -	X	
h. Electrical Circuits -	X	
i. Distribution System -		X
j. Other as noted - - -		

3. Repairs to System: (list all components replaced)  
N/A

4. Tests Required and Results:

Chlorine residual 0.5 ml/g PH-7.2  
 Settleable solids 15 min. 5" %

5. General Comments or Recommendations: This system needs immediate attention! Holding tank is full of sludge. Center piece is turned over and is bubbling at PVC pipe!!

*Fixed!*

Owner's Vance Fellers  
 Address: 25118 Broughton Phone: \_\_\_\_\_  
Spring 77373 Date: 12-9-97

Servicing Dealer Signature: [Signature]  
 Address: WILLIAM H. HUDSPETH P.E. Phone: \_\_\_\_\_  
18414 Burkhardt Date: 12/10/97  
Tomball, Texas 77375  
281 / 351-2777

RECEIVED  
 HARRIS COUNTY  
 DEC 15 1997  
 PERMIT DIVISION  
 ENGINEERING DEPARTMENT

SERVICE CONTRACT

2-28482

William H. Hudspeth P. E., DBA H&H Wastewater Management, hereafter called "contractor," will perform services as outlined below for Vance Fullers, hereafter called "owner," on the Hydro-Action Waste Water Treatment unit located at 25718 Broughton, Spring TX 77373. Service contract will begin on October 12, 1997 and continue for a period of one year.

Services provided by contractor will include the following:

Routine quarterly inspections will be made by the contractor and reported to the county as required by the State of Texas.

These inspections include:

- 1. Cleaning and/or replacement of air stones.
- 2. Inspection, adjustment and servicing of air pump, air filters, and control panel.
- 3. Inspection of water pump, sprinkler heads, and spray patterns.
- 4. Testing for PH and chlorine residual, plus annual test for BOD and TSS.

This policy does not cover:

- 1. Cost of chlorine tablets.
- 2. Pumping of sludge from solids tank, wastewater treatment tank or pump tank.
- 3. Labor or materials required for repair or replacement of mechanical parts.

The owner agrees to pay contractor \$ 250.00 annually for these services, payable in full at initiation of this contract.

Contractor Wm H. Hudspeth P.E.  
Date 9-15-97

Owner Vance Fullers  
Date 10-25-97  
Phone# 350-5341

18414 Burkhardt  
Tomball, Tx. 77375  
(281) 351-2777

# TESTING and REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after inspections. A copy shall be retained by the maintenance company for review by the permitting authority. Another copy shall be sent to the system owner along with an invoice, when needed, for service by the maintenance company.

- 1. REQUIRED FREQUENCY OF VISITS: 3 per year
- 2. SYSTEM INSPECTIONS:

SYSTEM INSPECTIONS	OPERATIONAL	IMPERATIVE
1. Air pump .....	<u>  /  </u>	<u>      </u>
2. Air pump filters .....	<u>  /  </u>	<u>      </u>
3. Control panel .....	<u>  /  </u>	<u>      </u>
4. Diffusers .....	<u>  /  </u>	<u>      </u>
5. Irrigation Device .....	<u>  /  </u>	<u>      </u>
6. Disinfection Device .....	<u>  /  </u>	<u>      </u>
7. Chlorine Supply .....	<u>  /  </u>	<u>      </u>
8. Electrical Circuits .....	<u>  /  </u>	<u>      </u>
9. Distribution System .....	<u>  /  </u>	<u>      </u>
10. Other as noted .....	<u>      </u>	<u>      </u>

3. REPAIRS TO SYSTEM: (list all components replaced)  
 added 10 chlorine tablets to the system!

---

4. TESTS REQUIRED and RESULTS:  
 Chlorine residual 0.5 ml/g PH: 7.6  
 Settlesable solids 15 min. 3"

5. GENERAL COMMENTS or RECOMMENDATIONS: This system needs to be pumped out, it has over 12" of sludge in tank.

---

2-2848-2

OWNER'S NAME: Vance Fellers - 2-8848-2  
 ADDRESS: 25118 Broughton

*Houston 77068*

SERVICING DEALER: WILLIAM H. HUDSPETH P.E.  
 ADDRESS: 12414 Broughton

AUTHORIZED SIGNATURE: *William H. Hudspeth*

DATE: 8-1-97



P. #  $\checkmark$  2-~~8~~<sup>2</sup>848-2  
gll

# TESTING and REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after inspections. A copy shall be retained by the maintenance company for review by the permitting authority. Another copy shall be sent to the system owner along with an invoice, when needed, for service by the maintenance company.

- 1. REQUIRED FREQUENCY OF VISITS: 3 per year
- 2. SYSTEM INSPECTIONS:

<u>SYSTEM INSPECTIONS</u>	<u>OPERATIONAL</u>	<u>INOPERATIVE</u>
1. Air pump -----	$\checkmark$	_____
2. Air pump filters -----	$\checkmark$	_____
3. Control panel -----	$\checkmark$	_____
4. Diffusers -----	$\checkmark$	_____
5. Irrigation Device -----	$\checkmark$	_____
6. Disinfection Device --	$\checkmark$	_____
7. Chlorine Supply -----	$\checkmark$	_____
8. Electrical Circuits --	$\checkmark$	_____
9. Distribution System --	$\checkmark$	_____
10. Other as noted -----	$\checkmark$	_____

3. REPAIRS TO SYSTEM: (list all components replaced)  
Added 14 Ch. TABLETS & Cleaned Filters

4. TESTS REQUIRED and RESULTS:

Chlorine residual 0.3 ml/g PH. 7.2  
 Settleable solids 15 min. 2" %

5. GENERAL COMMENTS or RECOMMENDATIONS: Complained About Sprinklers come on too often!

Checked & was Okay!

OWNER'S NAME: Fellers Vance  
 ADDRESS: 2518 Broughton PHONE: \_\_\_\_\_

Houston 77068 WILLIAM H. HUDSPETH P.E.  
 SERVICING DEALER: 18414 Burkhardt  
 ADDRESS: Tomball, Texas 77375 PHONE: \_\_\_\_\_  
713/351-2777

AUTHORIZED SIGNATURE: William H. Hudspeth

DATE: 4-02-97 12:10 pm

RECEIVED  
 HARRIS COUNTY  
 APR 17 1997  
 PERMIT DIVISION  
 ENGINEERING DEPARTMENT

2-2848-2

# TESTING and REPORTING RECORD

PERMIT # 28375-C

This Testing and Reporting Record shall be completed, signed and dated after inspections. A copy shall be retained by the maintenance company for review by the permitting authority. Another copy shall be sent to the system owner along with an invoice, when needed, for service by the maintenance company.

1. REQUIRED FREQUENCY OF VISITS: 4. per year

2. SYSTEM INSPECTIONS:

<u>SYSTEM INSPECTIONS</u>	<u>OPERATIONAL</u>	<u>INOPERATIVE</u>
1. Air pump -----	✓	_____
2. Air pump filters -----	✓	_____
3. Control panel -----	✓	_____
4. Diffusers -----	✓	_____
5. Irrigation Device -----	✓	_____
6. Disinfection Device --	✓	_____
7. Chlorine Supply -----	12	_____
8. Electrical Circuits --	✓	_____
9. Distribution System --	✓	_____
10. Other as noted -----	_____	_____

3. REPAIRS TO SYSTEM: (list all components replaced)

Needs to pump tanks

4. TESTS REQUIRED and RESULTS:

Chlorine residual 0.6 <sup>7.4</sup> ml/g  
 Settleable solids 15 min. 4 %

5. GENERAL COMMENTS or RECOMMENDATIONS:

OWNER'S NAME: Vance Sellers  
 ADDRESS: 15118 Broadwater PHONE: \_\_\_\_\_  
Houston 77068

SERVICING DEALER: WILLIAM H. HUDSPETH P.E.  
 ADDRESS: 18414 Burkhardt PHONE: \_\_\_\_\_  
Tomball, Texas 77375  
713/351-2777

AUTHORIZED SIGNATURE: \_\_\_\_\_  
 DATE: 10-9-96

RECEIVED  
 HARRIS COUNTY  
 OCT 15 1996  
 ENGINEERING DEPARTMENT  
 PERMIT DIVISION

**A&P AEROBIC SERVICES, L.L.C.**  
LICENSE # MC0000041  
6606 FM 1458 STE 148-359  
MAGNOLIA, TX 77354

Phone: (936) 851-2169 or (936) 321-8191 Fax: (936) 851-2138

**RECEIVED**

NOV 26 2010

To: **ROBERT & CYNTHIA BURNETT**  
25118 BROUGHTON ST  
SPRING, TX 77373-

Phone: (281) 907-7574  
Key Map: 293 P

Permit No.: 2-2848-2

4 inspections per year - ENVIRONMENTAL HEALTH  
System Brand: HYDRO-ACTION  
County: HARRIS  
Customer ID: 3027

Maintenance Contract Period	Start Date: 08/01/10	End Date: 08/01/11
	11-1-10	11-1-11

Inspection calls will consist of:

Test for chlorine residual and Ph, we will visually inspect the treatment plant, effluent quality, color, turbidity, odor, sludge, and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, alarm tests, and electrical control conditions. We will visually inspect the irrigation pump station, spray heads, and pressure lines.

This Agreement will not cover cost of service calls, labor, or materials which are 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 nonbiodegradable materials, chemicals, solvents, grease, oil, paint, etc. Additional service such as pumping of the unit or pre-tank is the responsibility of the homeowner. This agreement does not include the cost of repairs or chlorine. Owner is responsible for maintaining tamper resistant screws.

The required annual BOD and TSS laboratory sample collections will be included in the contract as required. All testing and reporting is required by County and copies of this contract and all reports will be submitted to the County.

According to state law, all owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system. Warning! It is the owner's responsibility to supply SEPTIC CHLORINE to the OSSF as needed. The effluent may be laden with bacteria if Chlorine levels are lower than 1.0 PPM constituting a possible health hazard.

A&P Aerobic Services may void this contract at any time for nonpayment of maintenance, repairs, or supplies. We must have safe access to the system. Maintenance visits are not made by scheduled appointments.

We will service your aerobic system once every 3 month(s) and we will respond to any owner complaints or problems within 2 days.

The cost of this service is \$249.00 which can be paid in full or \$0 each maintenance.

Owner Signature: [Signature]

Date: 11/24/2010

Owner Print Name: Cynthia M. Burnett

Phone: 832-459-7207

Certified Inspector: Pete Giacoma

Date: 11-24-10

Pete Giacoma - President  
LIC.# WW0020518

**A&P AEROBIC SERVICES, L.L.C.**

LICENSE # MC0000041  
6606 FM 1488 STE 148-359  
MAGNOLIA, TX 77354

Phone: (936) 851-2169 or (936) 321-8191 Fax: (936) 851-2138

**RECEIVED**

NOV 26 2010

To: **ROBERT & CYNTHIA BURNETT**  
25118 BROUGHTON ST  
SPRING, TX 77373

Phone: (281) 907-7574  
Key Map: 293 P

Permit No.: 2-2848-2

4 inspections per year - **ENVIRONMENTAL HEALTH**  
System Brand: HYDRO-ACTION

County: HARRIS

Customer ID: 3027

Maintenance Contract Period	Start Date: 08/04/10	End Date: 08/04/11
	11-1-10	11-1-11

Inspection calls will consist of:

Test for chlorine residual and Ph, we will visually inspect the treatment plant, effluent quality, color, turbidity, odor, sludge, and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, alarm tests, and electrical control conditions. We will visually inspect the irrigation pump station, spray heads, and pressure lines.

This Agreement will not cover cost of service calls, labor, or materials which are 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 nonbiodegradable materials, chemicals, solvents, grease, oil, paint, etc. Additional service such as pumping of the unit or pre-tank is the responsibility of the homeowner. This agreement does not include the cost of repairs or chlorine. Owner is responsible for maintaining tamper resistant screws.

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According to state law, all owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system. Warning! It is the owner's responsibility to supply SEPTIC CHLORINE to the OSSF as needed. The effluent may be laden with bacteria if Chlorine levels are lower than 1.0 PPM constituting a possible health hazard.

A&P Aerobic Services may void this contract at any time for nonpayment of maintenance, repairs, or supplies. We must have safe access to the system. Maintenance visits are not made by scheduled appointments.

We will service your aerobic system once every 3 month(s) and we will respond to any owner complaints or problems within 2 days.

The cost of this service is \$240.00 which can be paid in full or \$0 each maintenance.

Owner Signature: [Signature]

Date: 11/24/2010

Owner Print Name: Cynthia M Burnett

Phone: 832-459-7207

Certified Inspector: Pete Gioacona

Date: 11-24-10

Pete Gioacona - President  
LIC.# WW0020518

**BIC SERVICES, L.L.C.**

**LICENSE # MC0000041**

**6606 FM 1488 STE 148-359**

**MAGNOLIA, TX 77354**

**Phone: (936) 851-2169 or (936) 321-8191 Fax: (936) 851-2138**

Date: 11/1/2011

Received

DEC 07 2011

Harris County

Customer ID: 3027

ROBERT & CYNTHIA BURNETT,  
25118 BROUGHTON ST  
SPRING, TX 77373-6066

System Brand: HYDRO-ACTION  
Permit #2-2848-2  
Contract Ends on 11/01/11

ROBERT & CYNTHIA BURNETT,

We value you as a customer and hope that we have provided adequate service for you. This is a reminder that we do not have a renewal maintenance contract on file at this time.

Your current maintenance contract has expired or will be expiring soon and the County prefers us to send in renewals 30 days before expiration date. We left a renewal contract at your last service. Your system is due for maintenance next month. It is state law that we have to notify the County of any non renewals so if we do not receive a signed copy of the maintenance contract by the end of the month we will have no choice but to notify the County that you chose not to renew with us.

We have enclosed a maintenace contract for you to sign and mail back with payment or if you choose not to renew please write void on the contract and mail back. If you have any question please call: (936) 321-8191.

Thank you,

Stormy Giacona  
Vice President

Not Renewed  
DH  
R