



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 1217 Peach Creek Rd, Waelder, TX

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	Item	Y	N	U	Item	Y	N	U
Cable TV Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liquid Propane Gas:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Det.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-LP Community (Captive)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rain Gutters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-LP on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range/Stove	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooktop	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot Tub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof/Attic Vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sauna	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Escape Ladder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outdoor Grill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector - Hearing Impaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patio/Decking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spa	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire Detection Equip.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TV Antenna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pool Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washer/Dryer Hookup	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pool Maint. Accessories	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Screens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Gas Lines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pool Heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Public Sewer System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Item	Y	N	U	Additional Information
Central A/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <i>one</i>
Evaporative Coolers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	number of units:
Wall/Window AC Units	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	number of units:
Attic Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	if yes, describe:
Central Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <i>one</i>
Other Heat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	if yes describe:
Oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	number of ovens: <input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other:
Fireplace & Chimney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock <input checked="" type="checkbox"/> other: <i>wood burning stove</i>
Carport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> attached <input checked="" type="checkbox"/> not attached
Garage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of units: <i>two</i> number of remotes: <i>two</i>
Satellite Dish & Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> owned <input checked="" type="checkbox"/> leased from <i>Dish</i>
Security System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> owned <input type="checkbox"/> leased from
Solar Panels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> owned <input type="checkbox"/> leased from
Water Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: number of units: <i>one</i>
Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from
Other Leased Item(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if yes, describe:

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Initialed by: Buyer: and Seller: *DM*

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Underground Lawn Sprinkler automatic manual areas covered: _____
 Septic / On-Site Sewer Facility if yes, attach Information About On-Site Sewer Facility (TXR-1407)
 Water supply provided by: city well MUD co-op unknown other: _____
 Was the Property built before 1978? yes no unknown
 (If yes, complete, sign, and attach TXR-1906 concerning lead-based paint hazards).
 Roof Type: composition Age: 9 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): disposal does not work

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 type="checkbox"/>	<input checked="" type="checkbox"/>	Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sidewalks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ceilings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foundation / Slab(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walls / Fences	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Doors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Driveways	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lighting Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Structural Components	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Exterior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Radon Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asbestos Components	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Settling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Subsurface Structure or Pits	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fault Lines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Underground Storage Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hazardous or Toxic Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unplatted Easements	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Improper Drainage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unrecorded Easements	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intermittent or Weather Springs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Urea-formaldehyde Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Damage Not Due to a Flood Event	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wetlands on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Encroachments onto the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wood Rot	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Improvements encroaching on others' property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Active infestation of termites or other wood destroying insects (WDI)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Located in Historic District	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Previous treatment for termites or WDI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Historic Property Designation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Previous termite or WDI damage repaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Foundation Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Previous Fires	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Roof Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Termite or WDI damage needing repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Other Structural Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single Blockable Main Drain in Pool/Hot Tub/Spa*	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

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

*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 | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Present flood insurance coverage (if yes, attach TXR 1414). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Previous flooding due to a failure or breach of a reservoir or a controlled or emergency release of water from a reservoir. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Previous flooding due to a natural flood event (if yes, attach TXR 1414). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Previous water penetration into a structure on the Property due to a natural flood event (if yes, attach TXR 1414). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> 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). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded)). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a floodway (if yes, attach TXR 1414). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a flood pool. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> 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.

"Reservoir" means a water impoundment project operated by the United States Army Corps of Engineers that is intended to retain water or delay the runoff of water in a designated surface area of land.

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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.)

- | | | | | | |
|--|--|---|--------------------------|-------------------------------------|--|
| <table border="0"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | Y | N | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. |
| Y | N | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| | 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: <input type="checkbox"/> mandatory <input type="checkbox"/> voluntary
Any unpaid fees or assessment for the Property? <input type="checkbox"/> yes (\$_____) <input type="checkbox"/> no
If the Property is in more than one association, provide information about the other associations below or attach information to this notice. | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| | 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? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe: _____ | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| | Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property. | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| | Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.) | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| | Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property. | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| | Any condition on the Property which materially affects the health or safety of an individual. | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| | 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). | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| | 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. | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| | The Property is located in a propane gas system service area owned by a propane distribution system retailer. | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| | 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): _____ | | | | |

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
06/09/2020	House and Septic	Scott M. O'Reilly	23
06/09/2020	Water Well	Clayton Wilbenks	1

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: submission for 2021 pending 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.

Seller acknowledges that the statements in this notice are true to the best of Seller's belief and that no person, including the broker(s), has instructed or influenced Seller to provide inaccurate information or to omit any material information.

David E. Payne 03/31/2021
 Signature of Seller Date

 Signature of Seller Date

Printed Name: David E. Payne

Printed Name: _____

ADDITIONAL NOTICES TO BUYER:

(TXR-1406) 09-01-19

Initialed by: Buyer: and Seller:

INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT 1217 Peach Creek Rd, Waelder, TX

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

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

- (2) Type of Distribution System: Soil Absorption Bed Unknown
- (3) Approximate Location of Drain Field or Distribution System: South of house Unknown

- (4) Installer: Claude Hoffman Unknown
- (5) Approximate Age: 8.75 years Unknown

B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? Yes No
 If yes, name of maintenance contractor: _____
 Phone: _____ contract expiration date: _____
(Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard" on-site sewer facilities.)
- (2) Approximate date any tanks were last pumped? June 2020
- (3) Is Seller aware of any defect or malfunction in the on-site sewer facility? Yes No
 If yes, explain: _____

- (4) Does Seller have manufacturer or warranty information available for review? Yes No

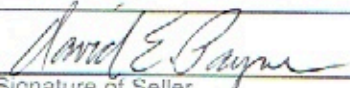
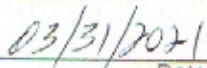
C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

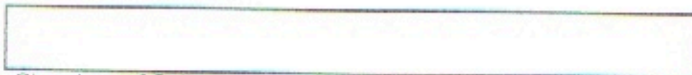
- (1) The following items concerning the on-site sewer facility are attached:
 planning materials permit for original installation final inspection when OSSF was installed
 maintenance contract manufacturer information warranty information _____
- (2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
- (3) **It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.**

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

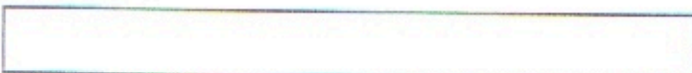
This document is not a substitute for any inspections or warranties. This document was completed to the best of Seller's knowledge and belief on the date signed. Seller and real estate agents are not experts about on-site sewer facilities. Buyer is encouraged to have the on-site sewer facility inspected by an inspector of Buyer's choice.

 
Signature of Seller Date


Signature of Seller Date

Receipt acknowledged by:


Signature of Buyer Date


Signature of Buyer Date

BASTROP COUNTY SANITATION SERVICES

Bastrop County Sanitation Services
806 Water St.
BASTROP, TX 78602



PERMIT TO CONSTRUCT AN ON-SITE SEWAGE FACILITY

Permit #: 11-148

Location: 1217 PEACH CREEK RD. WAELDER TX 78959
Block: Lot:
Owner: CASE, RANDALL
Mailing address: 2484 W SH 71 CEDAR CREEK TX 78612

Phone: (206) 920-0923

This serves to notify all persons that the on-site sewage facility application, related technical data, and the appropriate fee have been received by Bastrop County Sanitation Services from the property owner. The application has been reviewed for technical and administrative consideration against standards set forth by the Bastrop County Order for On-Site Sewage Facilities. Approval is hereby granted for the construction as shown on the submitted plans.

****THIS PERMIT IS REQUIRED TO BE POSTED DURING ALL PHASES OF CONSTRUCTION****

ANY MODIFICATIONS TO SUBMITTED PLANS REQUIRE APPROVAL BY BASTROP COUNTY DEVELOPMENT SERVICES PRIOR TO INSTALLATION. You or your installer must contact Bastrop County Sanitation Services 24 hours prior to completion to arrange the required facility inspection. This permit to construct is valid for twelve months from the date of issue. If a final inspection has not been performed within one year of issue, a new application and fee will be required.

COMMENTS:

Maintain all required setbacks.

Approved for Class III Soil 1 1200 sqft bed

Application Reviewer *Jeslin Cresley DS8697*

Date 6-22-12

George Voorhies 6-25-12
Agency Official *00028265* Date

BASTROP COUNTY DEVELOPMENT SERVICES APPLICATION

806 WATER STREET, BASTROP, TEXAS 78602

11-148

METRO: 512/581-7176 FAX: 512/581-7178

The follow information packet(s) are included with this application:

9-1-1 Addressing Construction Driveway/Culvert On-Site Sewage L.P.H.C.P. Subdivision.

PLEASE PRINT CLEARLY AND COMPLETE EACH ITEM

1 APPLICATION TYPE - check one or all that apply and complete sections identified.

- 9-1-1 ADDRESS complete sections 2 3 4 6 7 8
CONSTRUCTION PERMIT complete sections 2 3 4 6 7 8
DRIVEWAY PERMIT complete sections 2 3 6 7 8
ON-SITE SEWAGE FACILITY complete sections 2 3 4 5 6 7 8

6-21-12

2 PROPERTY OWNER INFORMATION:

A. Name: First: RAINDYNE Last: CASE ID#
B. Mailing Address: 1217 PEACHCREEK RD Apt/Unit/Ste Number:
C. City: WAELDER State: TX Zip: 78959
D. Phone Number: Day: Evening: Cell:
E. Fax: e-mail:

3 PROPERTY DESCRIPTION:

A. Appraisal District Property ID Number: R 112507 Physical Address 1217 Peach Creek Rd Waelder
B. Subdivision Name: OR Survey Name: THOMAS J HARDEMAN
C. Phase: Unit: Section: OR Abstract Number:
D. Block Lot: Acreage: 20
E. Is this property located in the Lost Pines Habitat Conservation Plan area (Houston toad habitat)? Refer to map. Yes No

4 CONSTRUCTION DESCRIPTION - Check all that apply and fill in the blanks within each section:

- Check here and skip section 4 if you are NOT applying for a 9-1-1 address, construction permit, or on-site sewage facility permit.
A. Construction Addition to Existing Structure Substantial Improvements to Existing Structure
Placement of Fill Alteration of a Natural Waterway or Drainage
B. Single Family Residential Manufactured Home Site Built House Other:
Number of Bedrooms: 2 Living Area: 1210 square feet
Non-Single Family Residential Multi-Family Residential Single Unit Commercial Multi Unit Commercial
Number of Buildings: Number of Units:
Number of Occupants per Unit: Days per Week:
Name: Type of Business:
Non-Residential Description:

C. Estimated Date of Completion:
D. Contractor/Builder Name: FRANKLIN HOMES
Address: 2489 Hwy 71 West City: CEDAR CREEK State: TX Zip: 78612
Phone Number: 512-305-2502 e-mail: TAMMIE@FRANKLINHOMES.NET

5 ON-SITE SEWAGE FACILITY - Check all that apply and fill in the blanks:

- Check here and skip section 5 if you are NOT applying for an on-site sewage facility.
A. Designer's Name: Phone:
B. Maintenance Provider: Phone:
OSSF II License: No Yes License Number:
C. Installer's Name: Claude Hoffman Phone: 512 848-1521
OSSF II OSSF I License Number: 4040
D. Installation Type - New Construction Alteration, Extension, Repair
E. Design Type - Standard Design Professional Design (Professional Engineer or Professional Sanitarian)
System Type: S&B Brand: Extender
F. Water Source - Private Water Well Public Water System, Name: Aqua

⑥ PERMIT ISSUANCE

Permit(s) and/or notice(s) will be mailed to the property owner at the address listed on this application unless otherwise specified.

A. Specific permit/notice delivery instructions: SEND TO BUILDER

⑦ ACKNOWLEDGEMENT — By my signature below:

- I acknowledge that all Permit(s) for development/structure have been issued based on plans and specifications submitted and reviewed. If during any stage of construction it is determined that the proposed development will result in a change of location or placement of 25 feet or more, I am required to submit a revised site plan with any supporting documents needed for additional review and approval.
- I acknowledge myself to be bound to all rules and regulations of the Commissioners Court of Bastrop County, Texas, and to ensure that all provisions of my Permit(s) are faithfully performed.
- I certify that the all information, statements and attachments are true and correct and that my Permit(s) may be revoked if found to be otherwise.
- I understand that work must be completed within one year of issuance of permit(s) for construction, on-site sewage facility and driveway culvert.
- I acknowledge that the issuance of Permit(s), or notice(s), does not create liability on the part of Bastrop County, its duly appointed agents, representatives and employees.
- I acknowledge that violations of local, state, and federal regulations are a Class C Misdemeanor and each day a violation occurs is a separate offense.
- I shall hold harmless the Bastrop County and its duly appointed agents, representatives and employees against any action for personal injury or property damage sustained by issuance of permit(s) or notice(s).
- I hereby grant Bastrop County, its duly appointed agents, representatives and employees the authority to enter the property described in this application for the purpose of site, construction, and compliance inspections.

Applicant's Signature: Randall S. Case Date: 1-FEB-2012

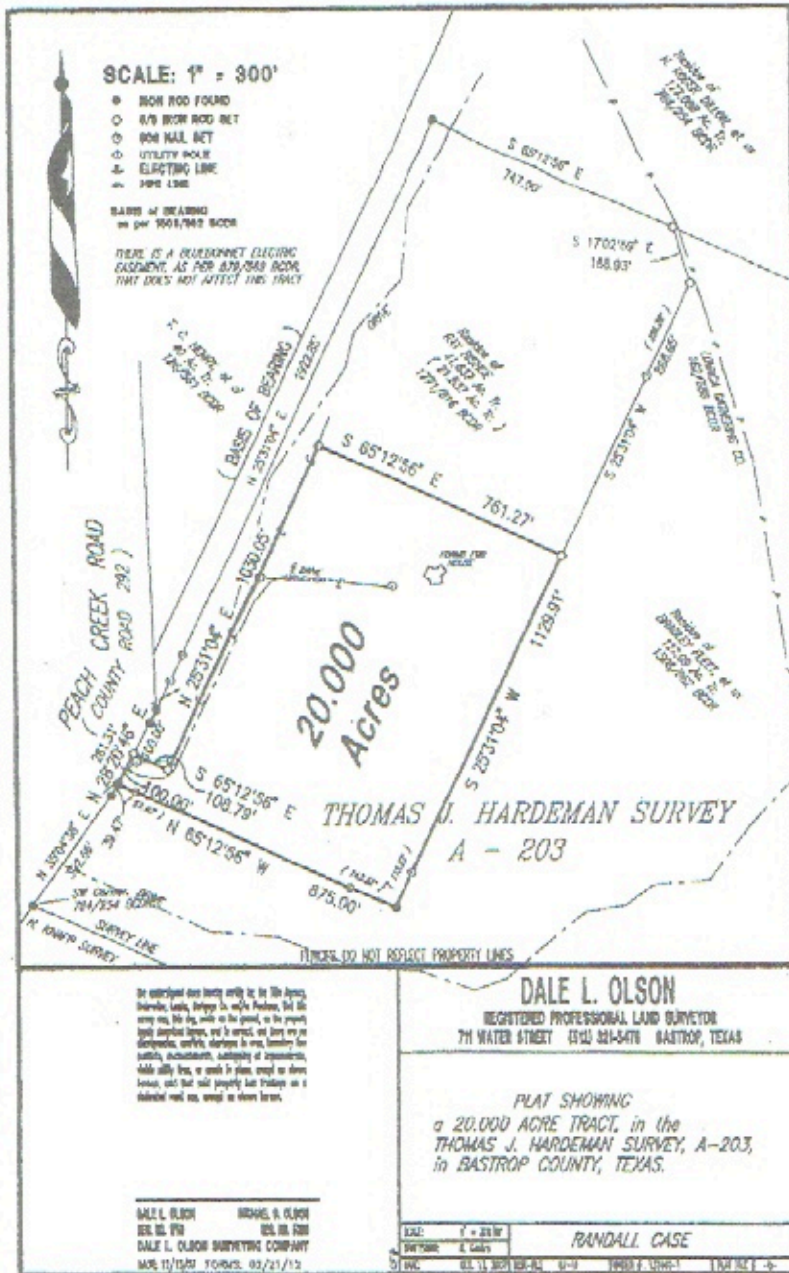
Print Name: RANDALL CASE Phone: _____

Check all that apply: Property Owner Owners Agent Developer/Builder Other _____

⑧ ATTACHMENTS — The following attachments are required to complete the application:

- | | |
|---|--|
| <input type="checkbox"/> Site Plan | Additional Attachments - Septic Permits Only |
| <input checked="" type="checkbox"/> Copy of Survey or Plat | <input type="checkbox"/> Septic Plan |
| <input type="checkbox"/> Proof of Ownership | <input type="checkbox"/> Site Evaluation Report |
| <input type="checkbox"/> Location Map, With Driving Directions | Aerobic Septic System Only Must Also Attach: |
| <input type="checkbox"/> Copy of Other Required Permits
(Example: TxDOT Driveway Permit) | <input type="checkbox"/> Aerobic Affidavit for Maintenance |
| | <input type="checkbox"/> Aerobic Maintenance Contract |

Official Use Only — Please do not write in this area		Appraisal District Property ID Number <u>R 112507</u>	
Application # <u>11-148</u>	Preinct # <u>3</u>	Date <u>2-22-12</u>	By <u>RSC</u>
911A: Addr <u>1217 Peach Creek Rd</u>	Zip <u>78959</u>	Date <u>2-22-12</u>	By <u>RSC</u>
DWC: Culvert Size _____	Inspector _____	Date _____	By _____
FPM: FZ _____ Panel/Suffix _____		Date _____	By _____
OSSF: PTC _____ LTO _____		Date _____	By _____
SUB: Status _____		Date _____	By _____
LPHCP: Land is within Plan Area? <input type="checkbox"/> No <input type="checkbox"/> Yes → Advised voluntary participation option		Date _____	By _____
Participation Application? <input type="checkbox"/> No <input type="checkbox"/> Yes → Permit # _____		Date _____	By _____
Notes: <u>6-21-12 Rec'd OSSF plans, etc.</u>			
<u>Verified address for OSSF permit</u>		<u>6-22-12</u>	<u>RSC</u>



Randall Case
1217 Peachy Crk Rd.
Wardler, TX

BASTROP COUNTY SANITATION SERVICES



Bastrop County Sanitation Services
806 Water St.
BASTROP, TX 78602

LICENSE TO OPERATE AN ON-SITE SEWAGE FACILITY

Permit #: 11-148

Location: 1217 PEACH CREEK RD, WAELDER TX 78959

Permit Date: 6/25/2012

Block: Lot:

Phone: (206) 920-0923

Owner: CASE, RANDALL

Mailing address: 2484 W SH 71 CEDAR CREEK TX 78612

A final inspection for the on-site sewage facility installed at the above-described location in Bastrop County has been completed. It is our determination that the system has been installed in basic compliance with the rules set forth under Title 30 TAC, TCEQ Chapter 285, On-Site Sewage Facilities and the Bastrop County Order for On-Site Sewage Facilities.

System Type: Soil Absorption Bed Installer: Claude Hoffman, OS4040

Maximum Water Usage 240 Gallons Per Day

Aerobic Treatment Unit Requiring An On-Going Maintenance Contract?

YES _____ NO (following to be completed if yes)

Brand Name: _____ Maintenance Provider: _____

Maintenance Contract Beginning Date: _____ Expiration Date _____

If you or your Maintenance provider should disagree with these dates, please contact our office. Also, please be reminded that thirty (30) days prior to the contract expiration, you must submit another contract that must be effective for at least one (1) year.

Reslie Crosby OS8697
Agency Official

7/3/12
Date

761.27'

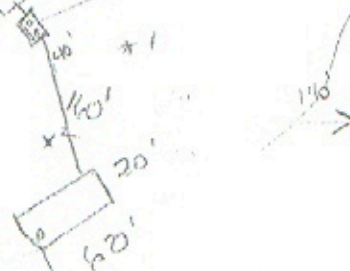
AS Built



20 Acres
1217 Peach Crk Rd
Whelder, TX



1000 gal tank
0'00"



DRIVEWAY
Waterline

1'00"

2'00"

inspection part

1030.05

1129.91'

2 BR Home

20 ACRES

875'

Jackson Water Well Drilling & Service

PO Box 234
Rosanky, TX 78953 US
(512)5811176
dake@jacksonwaterwell.com
www.jacksonwaterwell.com



INVOICE

BILL TO

David Payne
1217 Peach Creek

INVOICE # 2083

DATE 06/10/2020

ACTIVITY	QTY	RATE	AMOUNT
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Services

	1	150.00	150.00
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Water Well Inspection

Water well is 380, 5" PVC casing with 8" UV resistant sleeve

Pump is a 3 hp 20 gpm submersible pump with a Pentair constant pressure controller and 4.8gal pressure tank

Water well and pumping system were working properly at time of inspection

Regulated by Texas Department of Licensing and Regulation
PO Box 12157
Austin, Texas 78711
1-800-803-9202
Lic# 59214WKP

BALANCE DUE

\$150.00