

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

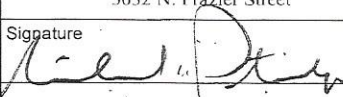

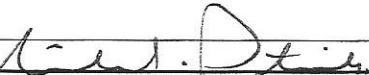
OMB Control Number: 1660-0008
Expiration: 11/30/2018

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

| SECTION A - PROPERTY INFORMATION | | FORM INSURANCE COMPANY USE | |
|---|---|---|---|
| A1. Building Owner's Name GPC REAL ESTATE AND CONSTRUCTION LLC | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) EAST BLUFF COURT | | Company NAIC Number: | |
| City | MAGNOLIA | State | TX |
| | | Zip Code | 77354 |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 40, BLK 4, MONTGOMERY TRACE SECTION 3, TAX ACCT #7281-03-06400 | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential | | | |
| A5. Latitude/Longitude: Lat. N30°15'16.5" Long. W95°33'47.8" Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> NAD 1983 | | | |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. | | | |
| A7. Building Diagram Number n/a | | | |
| A8. For a building with a crawlspace or enclosure(s): | | A9. For a building with an attached garage: | |
| a) Square footage of crawlspace or enclosure(s) | n/a sq ft | a) Square footage of attached garage | n/a sq ft |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade | n/a | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade | n/a |
| c) Total net area of flood openings in A8.b | n/a sq in | c) Total net area of flood openings in A9.b | n/a sq in |
| d) Engineered flood openings? | <input type="radio"/> Yes <input checked="" type="radio"/> No | d) Engineered flood openings? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | |
| B1. NFIP Community Name & Community Number Montgomery County Unincorporated Areas 480483 | | B2. County Name Montgomery | |
| | | B3. State TX | |
| B4. Map/Panel Number 48339C0375 | B5. Suffix G | B6. FIRM Index Date 08/18/2014 | B7. FIRM Panel Effective /Revision Date 08/18/2014 |
| | | B8. Flood Zone(s) X, X Shaded | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 148.3' |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input checked="" type="radio"/> FIS Profile <input type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____ | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____ | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA | | | |
| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | | | |
| C1. Building elevations are based on: <input checked="" type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input type="radio"/> Finished Construction | | | |
| C2. Elevations - Zones A1 - A30, AE, AH, A (with BFE), VE, V1 - V30, V (with BFE), AR, AR/A, AR/AE, AR/A1 - A30, AR/AH, AR/AO. Complete Items C2.a -h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. * A new Elevation Certificate will be required when construction of the building is complete. | | | |
| Benchmark Utilized: GPS Observation Vertical Datum: NAVD 1988 | | | |
| Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____ | | | |
| Datum used for building elevations must be the same as that used for the BFE. | | Check the measurement used. | |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 158.6 | <input checked="" type="radio"/> feet | <input type="radio"/> meters |
| b) Top of the next higher floor | n/a | <input checked="" type="radio"/> feet | <input type="radio"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | n/a | <input checked="" type="radio"/> feet | <input checked="" type="radio"/> meters |
| d) Attached garage (top of slab) | n/a | <input checked="" type="radio"/> feet | <input checked="" type="radio"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | n/a | <input checked="" type="radio"/> feet | <input type="radio"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 148.8 | <input checked="" type="radio"/> feet | <input type="radio"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 157.6 | <input checked="" type="radio"/> feet | <input type="radio"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | n/a | <input checked="" type="radio"/> feet | <input type="radio"/> meters |

ELEVATION CERTIFICATE

OMB Control Number: 1660-0008
Expiration: 11/30/2018

| SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION | | | |
|---|--|---|--|
| <p>This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.</p> | | | |
| <input type="checkbox"/> Check here if attachments. | | Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Certifier's Name Michael S. Partridge | | License Number 6125 | |
| Title RPLS | | Company Name Texas Professional Surveying, LLC | |
| Address 3032 N. Frazier Street | | City Conroe | State TX |
| | | Zip Code 77303 | |
| Signature  | | Date 04/23/2018 | Telephone 936-756-7447 |
|  | | | |
| Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner. | | | |
| Comments (including type of equipment and location, per C2(e), if applicable)" <ul style="list-style-type: none"> - Elevation Certificate is for an unimproved portion of property. - Proposed construction site is located in Zone X, X Shaded. Portions of property located in Zone AE, AE Floodway. - C2a) PROPOSED elevation based on MAX(BFE+1', HAG+1') - C2e) n/a - TBM is a nail in radius/center of East Bluff Court cul-de-sac. Elevation = 174.34' - Texas Professional Surveying Project No. T214-03. | | | |
| Signature  | | Date 4/23/18 | |
| SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) | | | |
| For Zones AO and A (without BFE), complete Items E1 -E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1 -E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. | | | |
| E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). | | | |
| a) Top of bottom floor (including basement, crawlspace, or enclosure) is | | n/a | <input checked="" type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. |
| b) Top of bottom floor (including basement, crawlspace, or enclosure) is | | n/a | <input checked="" type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG. |
| E2. For Building Diagrams 6 -9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8 -9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is | | n/a | <input checked="" type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. |
| E3. Attached garage (top of slab) is | | n/a | <input checked="" type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. |
| E4. Top of platform of machinery and /or equipment servicing the building is | | n/a | <input checked="" type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. |
| E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown. The local official must certify this information in Section G. | | | |
| SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION | | | |
| The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge. | | | |
| Property Owner or Owner's Authorized Representative's Name: | | | |
| Address | | City | State |
| | | ZIP Code | |
| Signature | | Date | Telephone |
| Comments | | | |
| <input type="checkbox"/> Check here if attachments. | | | |

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| Zip Code | | 77354 | |
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| c) Total net area of flood openings in A8.b | <u>n/a</u> sq in | c) Total net area of flood openings in A9.b | <u>n/a</u> sq in |
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| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>n/a</u> | <input checked="" type="radio"/> feet | <input checked="" type="radio"/> meters |
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| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>n/a</u> | <input checked="" type="radio"/> feet | <input type="radio"/> meters |

Permit #: 163372-19

www.mctx.org

Old Permit #:

CASST



MONTGOMERY COUNTY HEALTH SERVICES

ENVIRONMENTAL DIVISION

NOTICE OF APPROVAL

Having been inspected by the Montgomery County Health Services and being found to comply with the minimum requirements of the State of Texas and Montgomery County Texas for On-Site Sewerage Facilities as amended, the licensee is hereby notified that the system is approved for operation and use.

Design By: ROSS, ANDREW

Installer: WELSH, WILLIAM

Site Address: 6118 E BLUFF COURT

Legal Description: Subdivision: MONTGOMERY TRACE
Section: 3 Block: 4 Lot: 40

Max. Daily Flow: 240 GALLONS

Type of System: SURFACE APPLICATION

Inspector Name: BRAND - AERIS AERBOICS
GILBERTO VAZQUEZ DR# 32893 *JW*

Date: 09.18.19

Signature


OSSF Coordinator

Date *10/30/2019*

Montgomery County Health Services - Environmental Division

501 N Thompson Ste 101

Conroe, Texas 77301

(936) 539-7839 * (281) 353-9791 ext. 7839

www.mctx.org

Date: _____

Stephen: 281-744-7540



1stopseptics@gmail.com

Name: Claudia Ozuna
Address: 6118 E Bluff Ct
City, Zip: Magnolia, Tx 77354
Subdivision: Montgomery Trace
Phone: _____
Email: _____

Permit: 163372-19
County: Montgomery
Warranty Expires: 09/12/2021
Install Date: 09/12/2019
Visits per Year - One every 3 4 Months
Installer: _____

| | | |
|-------------|-----------------------|---|
| Residential | () 1 YEAR () 2 YEAR | Start: <u>09/16/2019</u> End: <u>09/16/2021</u> |
|-------------|-----------------------|---|

ONE STOP SEPTIC will operate and maintain the aerobic septic system located at the above address for the period of time indicated. ONE STOP SEPTIC will conduct the required visual inspections occurring within the months marked below.

JAN FEB MAR APR **MAY** JUN JULY AUG **SEP** OCT NOV DEC

Inspection reports by the above service company will be filed with the authorized regulating agency as required by the State of Texas regulations. Each inspection will consist of:

VISUAL CHECK: color, turbidity, scum and sludge build up
TESTING: ph and chlorine residual
*BOD and TSS if required (cost not included)

SERVICING: all electrical and mechanical components including all filter, the chlorination system and the application field

*One Stop will arrive within 2 days with a visit to the property for all complaints by the property owner regarding the operation of the system

NOTE: Home owner is responsible for chlorination of tanks in liquid or tablet form, the cost of materials and/or parts required to maintain operation of system, autodialer (if required), tank pumping or cleaning, and keeping ants away from electrical components.

This contract will NOT cover the cost of service calls, labor or other materials, that are due to "miss use" or "abuse" of the system. Violation of contract include but not limited to: failure to maintain electrical power to the system for more than a 24 hr period, disconnecting the alarm system, restricting the ventilation to the aerator, sewerage flows exceeding the hydraulic/organic design capabilities, disposal of non-biodegradable materials, chemical solvents, grease, oil, paint, etc; or any usage contrary to the requirements listed in the owners manual or advised by an authorized service rep

Owners Signature: Claudia Ozuna Date: _____

Stephen LaRoche: [Signature] MP# 2223 Date: _____

TANK MFG: _____ AERATOR# _____ CHLORINATOR# _____

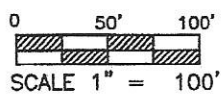
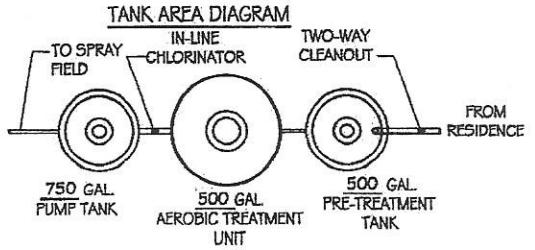
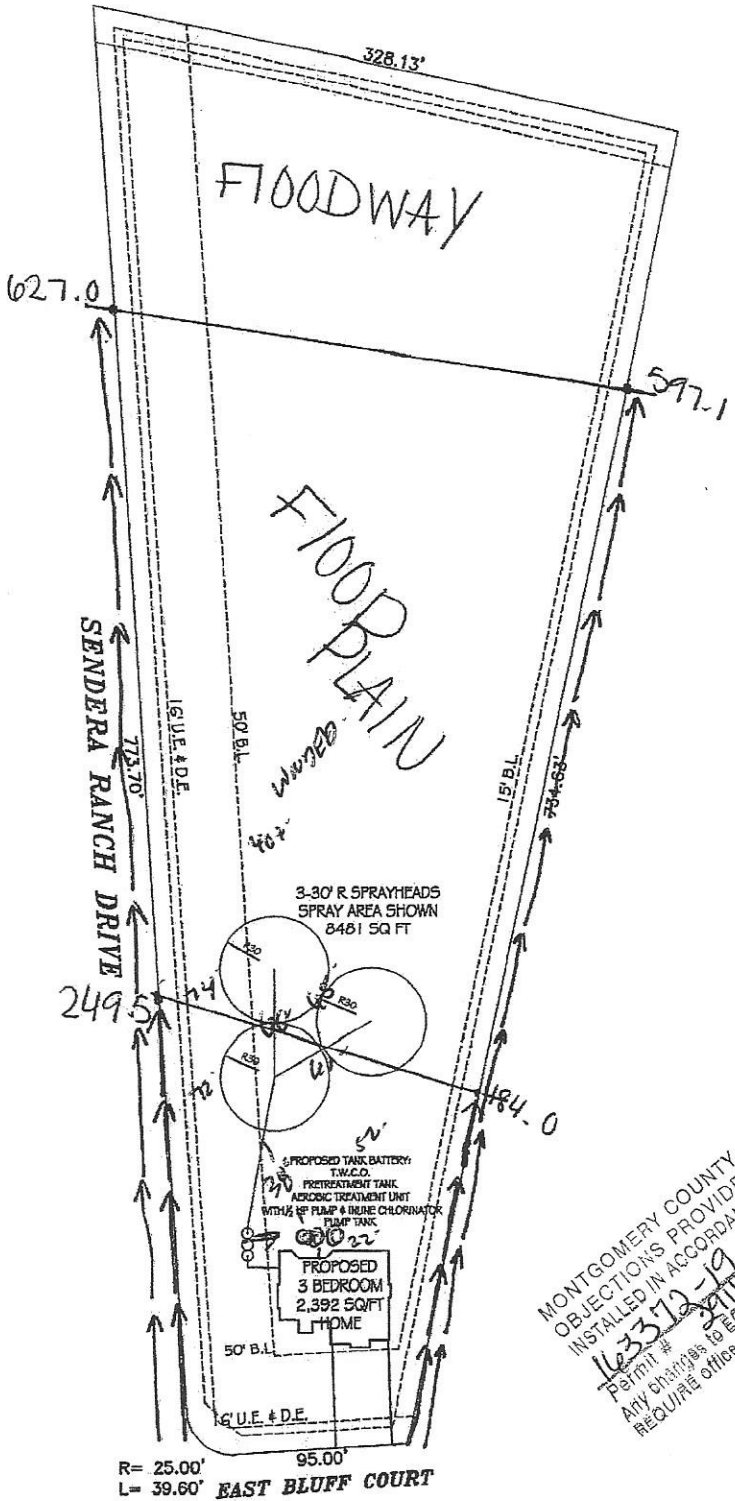
TANK# _____

| | |
|---|--------------------------|
| Customer check if applies (additional fees may apply): | |
| () Dangerous Dogs | () Appointment Required |
| () Gate Code # _____ | () Other _____ |

Where do you want you report left? _____

ROSS DESIGN SERVICE
RDS
 P.O. Box 1167
 Pinehurst, TX 77362
 281-384-3976
 ANDREW@ROSSDESIGNSERVICE.COM

CLAUDIA OZUNA
 6118 E. BLUFF COURT
 MAGNOLIA, TX



| | |
|--------------|-------------------|
| COUNTY: | MONTGOMERY |
| ACREAGE: | 2.756 |
| SURVEY: | |
| ABSTRACT: | |
| SUBDIVISION: | MONTGOMERY TRACE |
| SECTION: | 3 |
| BLOCK: | 4 |
| LOT: | 40 |
| FLOOD ZONE: | X, SHADED X, & AE |
| FEMA #: | |
| SLOPE: | <5% |
| BEDROOMS: | 3 |
| LIVING AREA: | 2,392 |

MONTGOMERY COUNTY INTERPOSES NO OBJECTIONS PROVIDED THE SYSTEM IS INSTALLED IN ACCORDANCE WITH THESE PLANS.
 16-3372-19 Initials: AS Date: 4-23-19
 Permit # 24103
 Any changes to equipment specified on GPD will require office approval prior to inspection.

| | |
|----------------------|------------|
| DATE: | 04-12-2019 |
| DRAWN BY: | AKR |
| DESIGNED BY: | AKR |
| SCALE: | AS NOTED |
| TOTAL GPD: | 240 |
| APPLICATION RATE: | 0.045 |
| REQUIRED SPRAY AREA: | 5,333 |
| PROVIDED SPRAY AREA: | 8,481 |

| PROPOSED ON-SITE SEWAGE FACILITY | |
|---|---|
| EQUIPMENT SPECIFICATIONS | |
| PRE-TREATMENT TANK: | 500 GALLON -- PRE-CAST CONCRETE |
| AEROBIC TREATMENT UNIT: | 500 GALLON -- PROFLO500 OR EQUAL |
| PUMP TANK: | 750 GALLON -- PRE-CAST CONCRETE |
| SPRAYHEADS: | RAINBIRD -- 30" RADIUS -- RS04 OR EQUAL |
| TANK NOTES | |
| 1. ALL EXISTING SEPTIC TANKS TO BE ABANDONED | |
| 2. TANKS NOT BUILT FOR TRAFFIC BEARING LOADS | |
| 3. TANKS INSTALLED IN LINE ON 90° OFFSETS | |
| MISCELLANEOUS NOTES | |
| 1. MAINTAIN ALL BUFFER ZONES SHOWN ON DRAWING | |
| 2. PRIVATE WATER WELL MUST BE A MINIMUM OF 50 FT. FROM SEPTIC TANKS AND 100 FT. FROM SPRAY FIELD. UNLESS IT IS PRESSURE CEMENTED, THEN IT MUST BE 50 FT. FROM SEPTIC TANKS AND SPRAY FIELD. | |
| BUFFER ZONE NOTES | |
| -- SEPTIC TANKS MUST BE AT LEAST 10 FT. FROM: | |
| -- ANY EASEMENT NOT SHOWN ON DRAWING. | |
| -- 5' FROM ANY SLAB. | |

| GENERAL NOTES: | |
|---|--|
| 1. AN ON-SITE SEWAGE LICENSE MUST BE OBTAINED PRIOR TO INSTALLING THIS WASTEWATER DISPOSAL SYSTEM. | |
| 2. SYSTEM INSTALLATION MUST BE BY A REGISTERED INSTALLER OF ON-SITE SEWAGE FACILITIES AS REQUIRED BY ARTICLE 4477-7E OF VERNON'S CIVIL STATUTES OR BY THE OWNER OF THE PROPERTY UNDER LICENSE. NO COMPONENT OF THIS SYSTEM SHALL BE COVERED UP WITHOUT COUNTY'S APPROVAL. | |
| 3. IF ANY DISCREPANCIES EXIST BETWEEN THIS DESIGN AND ACTUAL FIELD CONDITIONS IT IS THE INSTALLER'S RESPONSIBILITY TO IMMEDIATELY NOTIFY THE ENGINEER AND THE JURISDICTION PRIOR TO BEGINNING OF CONSTRUCTION. | |
| 4. ALL CONSTRUCTION METHODS AND MATERIALS MUST BE IN ACCORDANCE WITH COUNTY AND STATE RULES AND POLICIES, UNLESS SPECIFICALLY NOTED ON THESE DRAWINGS AND ARE APPROVED BY THE JURISDICTION. | |
| 5. SITE SHALL BE CAREFULLY FINISH GRADED AFTER CONSTRUCTION OF SYSTEM IS COMPLETED, TO PROVIDE ADEQUATE STORM WATER DRAINAGE. ABSORPTION AREA SHALL BE CROWNED. DRAINAGE SWALES SHALL BE CONSTRUCTED TO ADEQUATELY CONVEY STORM WATER DRAINAGE AWAY FROM ABSORPTION AREA. | |
| 6. THIS SYSTEM INSTALLED AND OPERATED IN ACCORDANCE WITH THIS PLAN SHALL NOT PRESENT A HAZARD TO PUBLIC HEALTH, OR THREATEN PROPOSED OR ADJACENT WATER WELLS. | |
| 7. THERE SHALL BE AT LEAST ONE DAY OF DRY STORAGE VOLUME OF ONE-THIRD THE DAILY FLOW BETWEEN THE ALARM-ON LEVEL AND THE INLET TO THE PUMP TANK. | |
| 8. IF SYSTEM IS LOCATED IN FLOOD PLAIN, THEN ALL ELECTRICAL COMPONENTS NEED TO BE INSTALLED 18" ABOVE BASE FLOOD ELEVATION. | |
| 9. PUMP TANK FLOAT ELEVATIONS MUST BE SET IN COMPLIANCE WITH 30 TAC 285.38(a)(2)(G)(i)(1) | |
| 10. SPRAY HEADS TO BE NO CLOSER THAN 10' FROM TREES OR OTHER OBSTRUCTIONS THAT INTERFERE WITH SPRAY PATTERN. | |
| 11. TIMER MUST BE SET TO DISCHARGE BETWEEN THE HOURS OF MIDNIGHT AND 6 am. | |

MONTGOMERY COUNTY DEVELOPMENT PERMIT STRUCTURE

501 N Thompson Ste 100

Conroe, TX 77301

CLASS APLP WITH SEPTIC

(936) 539-7836

PERMIT NO. 163372-19

HODGE/MASON # ,15.1

CLERK LK

STATE OF TEXAS }
COUNTY OF MONTGOMERY }

This notice confirms that this CLASS APLP WITH SEPTIC permit was issued to:
Applicant: ROSS, ANDREW Owner: OZUNA, CLAUDIA
on 22 APR 19 in Montgomery County, Texas and is NONTRANSFERABLE. This permit
authorizes the permittee to construct, install or make improvements to a
R-SINGLE FAMILY HOUSE on the following described property:

Subdivision: MONTGOMERY TRACE

Section: 3 Block: 4 Lot(s): 40

Address : 6118 E BLUFF COURT, MAGNOLIA , TX 77354

REQUIRED CULVERT SIZE: FLOOD INSURANCE ZONE: X
FLOODPLAIN DETERMINATION IS FOR PERMITTING PURPOSES. OFFICIAL
DETERMINATIONS ARE MADE FEMA.

Application for this permit has been reviewed by the Permit Office
and it has been determined that the property where construction and/
or improvements will be made is above the base flood elevation. The permittee
is therefore, authorized to proceed with the development.
Prior to beginning work, a copy of the permit
must be posted at the location where it can be viewed from the nearest road.
It must be protected from the weather and secure from vandalism and will
remain posted until construction is completed. Montgomery County recommends
finished floor/slab be constructed 12 inches above natural ground.
Permit expires if construction does not begin within 180 days.

FLOOD PLAIN FLOODWAY

Phil D. Jones, CFM
Manager Permits

Notes:

The requirements for the onsite sewage facility are based on the site
evaluation performed by ROSS, ANDREW on 13 APR 2019.

Ground water encountered: . Soil:
Acres 2392 Sq. Ft. of Living Area 4 No. of Bedrooms
.045 Application Rate QUADVEST

MINIMUM REQUIREMENTS:

1. Total capacity of Tanks in Gallons: 750 Gallons. Max GPD :240
MINIMUM SQUARE FOOTAGE OF SPRAY AREA REQUIRED: 5333 SQ. FT.
2. System Type: SURFACE APPLICATION Designed By: ROSS, ANDREW
The construction, installation or substantial modification of a private
sewage facility shall be made in accordance with the approved design and
requirements of the Permit to Construct.
3. ANY CHANGES TO EQUIPMENT SPECIFIED OR GPD WILL REQUIRE OFFICE APPROVAL
PRIOR TO INSPECTION
MAINT. AGREEMENT REQUIRED PRIOR TO INSPECTION. FAX 936-788-8388

NOTE: Authorization to construct Septic System expires: 21 APR 2020
Re-application will be required if septic system has not been installed by the
above date. Licensed installer or apprentice must be on site for inspection.

Approved by Yula Dalhaus DR 29143 . Date: 4-23-19

NOTE REGARDING SEPTIC SYSTEMS: This Development Permit is an authorization to
CONSTRUCT a septic system. In order to obtain a NOTICE OF APPROVAL for this
septic system, a final inspection and approval by the Montgomery County
Environmental Health Department will be required.



MONTGOMERY COUNTY
ENVIRONMENTAL HEALTH SERVICES
301 N. THOMPSON, SUITE 206
CONROE, TEXAS 77301
(936) 539-7839 • (281) 364-4200 EXT 7839

Dear Property Owner:

Effective: 09/1997

The operation of the on-site surface application system (Aerobic Sewer System) on your property must be in strict compliance with the sewage discharge standards promulgated by the Texas Commission on Environmental Quality.

- 1) Employ, by means of an initial two-year prepaid maintenance contract, a **maintenance provider certified by the State of Texas.**
- 2) Employ a **certified maintenance provider** during the entire operational life of the said surface application system.
- 3) Assure that the wastewater operator provides the testing of the sewage effluent on the schedule provided below and sends the required report to Montgomery County Environmental Division.
Commercial
 - A) BOD - Annually
 - B) TSS - Annually
 - C) PH and Chlorine or Fecal Coliform - **PERMIT SPECIFIC****Residential**
 - A) Chlorine or Fecal Coliform - **Once every four months**
 - B) PH - **Once every four months**
- 4) Assure that Chlorine tablets are installed in the chlorinator **by the property owner!** This is very important as it assures the system is operating as intended and there is no threat of an environmental health hazard to you, your family, or the general public.

Failure to strictly abide by the above conditions could result in filing of a complaint with the legal authority, which if you are found guilty of any violations, could assess a fine of up to \$500 per day for each day the violation exists. We are aware that you are depending on a contractor to complete these reports for you, however, the LAW holds you, as property owner, responsible.

If you need assistance, please feel free to contact the Environmental Division of Montgomery County.

Sincerely,

Frank Green 19832

Frank Green, DR
Chief Designated Representative

DON'T KILL YOUR BUGS! Your aerobic wastewater treatment plant is a “living” machine that houses a micro-organism “bug colony” that consumes organic waste. These micro-organisms require oxygen and appropriate “food” (organic waste devoid of toxins) to survive.

“DO’S AND DON’T’S”

For Owners of Aerobic Wastewater Treatment Systems

The following “do’s” and don’t’s” should be practiced by the homeowner:

- ★ Medicines: If anyone in your household is ingesting strong medicines, antibiotics, chemotherapy, or other; the health of your “bug colony” may be jeopardized.
- ★ Do not dispose of grease, fats, and oils.
- ★ Do not dispose of pesticides, herbicides, or any other toxins.
- ★ The garbage disposal should be used sparingly. Food waste, grease, etc. should be disposed of in the solid waste bin. Food waste represents additional loading the aerobic treatment unit would have to digest, increasing pump out intervals.
- ★ Do not dispose of paints, household chemicals, automobile fluids, or discard mop water into the system.
- ★ Do not dispose of non-biodegradable items such as cigarette butts, disposable diapers, feminine hygiene products, condoms, hair, coffee grounds, paper towels, bandages, etc.
- ★ Wash loads must be spread out over the week. More than one (1) wash load per day is not recommended. Never use laundry detergents with “built-in” bleach.
- ★ Do not dispose of citrus products (oranges, lemons, grapefruit, etc.).
- ★ Do not use drain cleaners or additives for septic systems like “Rid-X” or similar products.
- ★ Do not connect other water sources to the system.
- ★ Water softener discharge kills the micro-organisms in your wastewater treatment system.
- ★ Do not dispose of alcoholic beverages or home brewery waste.
- ★ Do not dispose of strong disinfectants or bleaches, such as “Clorox,” “Lysol,” or “Pine-Sol.” Anti-bacterial soaps should be avoided.
- ★ Never use automatic toilet bowl cleaning dispensers such as “Tidy Bowl.”
- ★ Recommended detergents are low-sudsing, low in phosphates, and biodegradable with washing soda ingredients. Fabric softener dryer sheets are recommended.
- ★ Recommended cleaning products are non-chlorine, biodegradable, non-toxic, and non-corrosive.

Improper or excessive loading will result in costly and more frequent pumping out of sludge from your aerobic wastewater treatment system. Homeowner is responsible for chlorine maintenance.



Quadvest Water & Sewer Utility
 26926 FM 2978 Rd
 Magnolia, TX 77354
 PHONE: (281) 356-5347

| | | |
|---|----------------------|-----------------------------------|
| BILLING DATE 10/17/19 | DUE DATE 11/07/19 | ACCOUNT NUMBER 45-00 |
| AMOUNT DUE IF PAID BY DUE DATE \$134.88 | | AFTER DUE DATE AMOUNT \$148.37 |
| BILLING QUESTIONS? PLEASE CALL: (281) 356-5347 | | |

| METER SIZE | SERVICE DATES | DAYS USED |
|------------------|-----------------------|-------------|
| 1 | 5/8/2019 - 10/10/2019 | 155 |
| PREVIOUS READING | PRESENT READING | CONSUMPTION |
| 4000 | 6000 | 2000 |
| METER NUMBER | SERVICE LOCATION | |
| 12551069 | 6118 EBluff Dr | |

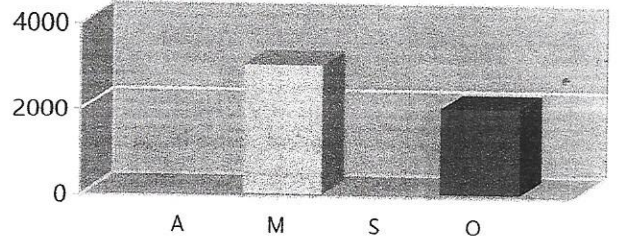
| DESCRIPTION OF CHARGES | AMOUNT |
|------------------------------|-----------------|
| Previous Balance | 404.98 |
| Billing Adjustment | (317.25) |
| Reverse Late Fee | (8.53) |
| Reverse Water Reconnect | (25.00) |
| Billing Adjustment | (286.20) |
| Past Due Balance | (232.00) |
| USAGE 1 - 10K | 3.50 |
| WATER SERVICE CHARGE | 359.40 |
| WATER FTCCR | (5.25) |
| SJRA FEES | 5.60 |
| TOTAL CURRENT CHARGES | 366.88 |
| AMOUNT DUE | \$134.88 |

IMPORTANT MESSAGE

Did you know you can make a one-time payment or sign up for autopay online? Go to Quadvest.com, click on "Register/Login" to "Account" button. From there you can either register your new account number or use the one time Pay Now option. If you register your account, you can view and print bills and sign up for paperless e-billing.

Thank you for your business. We appreciate the opportunity to serve you and your family.

Our phones are answered 24/7
281-356-5347
 Business Hours are 8:00am - 4:30pm Mon - Fri
 To hear current outages press 5
 To make a payment press 1
 Or go to www.quadvest.com



To ensure proper credit, detach bottom portion and return in the enclosed envelope.



Quadvest Water & Sewer Utility
 26926 FM 2978 Rd
 Magnolia, TX 77354
 PHONE: (281) 356-5347

REMITTANCE STUB

| | | |
|--------------------------------|----------------------------|-------------------------|
| BILLING DATE 10/17/19 | DUE DATE 11/07/19 | ACCOUNT NUMBER 45-00 |
| BY DUE DATE \$134.88 | AFTER DUE DATE \$148.37 | AMOUNT PAID |

ADDRESSEE:

MAKE CHECK PAYABLE AND REMIT TO:

QUA1017B AUTO ALL FOR AADC 773
 7000003538 00.0020.0067 3518/1



GPC REAL ESTATE & CONSTRUCTION LLC
 7 HEBBURN CT
 TOMBALL TX 77375-4593



QUADVEST LP
 DEPT# 41993
 PO BOX 650020
 DALLAS TX 75265-0020

0000004500 00013488 00014837 3

Montgomery Trace POA

03/10/2020

GPC Real Estate Construction LLC
20444 Kuykendahl Rd.
Suite B
Spring, TX 77379

RE: 6118 East Bluff Dr.
00-0600-0217-01

Dear Homeowner:

Montgomery Trace POA is governed by certain deed restrictions that control the appearance and care of homes in the neighborhood. Ensuring compliance with the community's deed restrictions is the primary way we protect property values for you and the entire community.

During the most recent monthly inspection of the community, the following violation was noted on your property:

Observation date: 03/09/2020 - Construction Status

Any structure must be completely dried in within 6 months of beginning of construction.

Please accept this letter as a friendly reminder to correct this matter before our next monthly inspection. If there are reasons why the noted violation cannot be resolved expeditiously, please advise Chaparral Management Company via email (DeedRestrictions@chaparralmanagement.com), or at the contact information listed below.

If your deed restriction violation is not corrected before the next monthly inspection (or mutually agreed upon arrangement made with Chaparral), then further correspondence will be a certified letter. That certified letter will result in out-of-pocket administrative costs of \$39.17, which will be charged to your account in accordance with Section 204.010 (a) (11) and (12) of the Texas Property Code.

Please help keep our community a desirable place to live by complying with the association's deed restrictions.

Thank you,

Board of Directors
Montgomery Trace POA

PROPERTY DESCRIPTION
 S728103 - MONTGOMERY TRACE 03, BLOCK 4,
 LOT 40

Tammy J. McRae, PCAC
 TAX ASSESSOR-COLLECTOR



Montgomery County

PROPERTY TAX STATEMENT for 2019

ACCOUNT NO.
 00.7281.03.06400
PROPERTY ID NO.
 R255010
OWNER NAME
 GPC REAL ESTAT& CONSTRUCTION

Phone Number: 936-539-7897

| JURISDICTION | HOMESTEAD CAP LOSS | TOTAL ASSESSED | EXEMPTIONS | TAXABLE VALUE | TAX RATE PER \$100 | TAX AMOUNT |
|-----------------------------|--------------------|----------------|------------|---------------|--------------------|------------|
| MONTGOMERY COUNTY | | \$23,270 | \$0 | \$23,270 | .44750000 | \$104.13 |
| MONTGOMERY CO HOSPITAL DIST | | \$23,270 | \$0 | \$23,270 | .05890000 | \$13.71 |
| MONTGOMERY ISD | | \$23,270 | \$0 | \$23,270 | 1.30750000 | \$304.26 |
| MONTGOMERY CO ESD 10 | | \$23,270 | \$0 | \$23,270 | .10000000 | \$23.27 |

TOTAL ANNUAL TAXES DUE ON OR BEFORE JANUARY 31 → **\$445.37**

Property Values

| | |
|-------------|----------|
| Land HS | \$23,270 |
| Land NHS | |
| Ag Mkt | |
| Ag Use | |
| Imp HS | |
| Imp NHS | |
| Agent ID | |
| Mortgage ID | |

- To avoid the accrual of penalty and interest, all payments, including metered mail, online bill pay and e-checks, must bear a USPS postmark or be received on or before January 31st.
- Depositing payments in a USPS collection box does not guarantee a postmark for that day and could result in the accrual of penalty and interest if done on or near a delinquency date.
- By state law, failure to receive a tax bill does not relieve the owner of tax, penalty, or interest liability. If you did not receive a statement for each property you own, you may visit our website to view property taxes, payment history, current statements, payment options and other information at www.mctotx.org
- Checks and electronic checks that are returned due to insufficient funds, unable to locate account, closed account or for any reason, will incur a \$30.00 returned check fee. Penalty and interest will accrue if proper payment is not received by the delinquency date as mandated by state law.
- If your taxes should be paid by your mortgage company, please forward this statement to their office.

FOLD/CREASE, DETACH & RETURN

MAKE CHECKS PAYABLE TO:



Tammy J. McRae
 TAX ASSESSOR - COLLECTOR
 Montgomery County
 400 N. San Jacinto St.
 Conroe, Texas 77301

QUICK REF. ID 00.7281.03.06400

SITUS ADDRESS

PROPERTY DESCRIPTION S728103 - MONTGOMERY TRACE 03, BLOCK 4,

Below are taxes plus penalty & interest for the month of payment

| If Paid In | PAY |
|------------|----------|
| Feb | \$476.55 |
| Mar | \$485.44 |
| Apr | \$494.36 |
| May | \$503.27 |
| June | \$512.18 |

TOTAL ANNUAL TAXES
 IF PAID BY
JANUARY 31,
2020

\$445.37

Scan QR Code for On-Line Account Access



GPC REAL ESTAT& CONSTRUCTION LLC
 20444 KUYKENDAHL RD
 STE B
 SPRING TX 77379-3577



000000R255010 000000044537 000000000000 1

CHANGE OF ADDRESS OR OWNERSHIP CORRECTION ON BACK



SEE REVERSE SIDE FOR ADDITIONAL TAX INFORMATION