



INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT

144 E Ike Turner
Livingston, TX 77351-7067

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

- (1) Type of Treatment System: Septic Tank Aerobic Treatment Unknown
- (2) Type of Distribution System: field lines Unknown
- (3) Approximate Location of Drain Field or Distribution System: back yard
behind tank Unknown
- (4) Installer: _____ Unknown
- (5) Approximate Age: _____ 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? 2015?
- (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 NA
- (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.**

9/14

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.

Teresa Moore 8/18-21

Signature of Seller Date
Teresa Moore

Signature of Seller Date

Receipt acknowledged by:

Signature of Buyer Date

Signature of Buyer Date



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 _____

THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.

Seller ___ is ___ is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property? _____ (approximate date) or ___ never occupied the Property

Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)

This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.

| Item | Y | N | U |
|----------------------------|---|---|---|
| Cable TV Wiring | | | / |
| Carbon Monoxide Det. | | / | |
| Ceiling Fans | / | | |
| Cooktop | / | | |
| Dishwasher | / | | |
| Disposal | | / | |
| Emergency Escape Ladder(s) | | / | |
| Exhaust Fans | / | | |
| Fences | / | | |
| Fire Detection Equip. | / | | / |
| French Drain | | / | |
| Gas Fixtures | | / | |
| Natural Gas Lines | | / | |

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

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

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

(TXR-1406) 09-01-19

Initialed by: Buyer: _____ and Seller: XIM, _____

Concerning the Property at _____

| | | | | | | | |
|---------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|--------|----------------|
| Underground Lawn Sprinkler | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | automatic | manual | areas covered: |
| Septic / On-Site Sewer Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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: Tempe

Was the Property built before 1978? yes no unknown

(If yes, complete, sign, and attach TXR-1906 concerning lead-based paint hazards).

Roof Type: metal Age: ~~1~~ 2 1/2 yrs (approximate)

Is there an overlay roof covering on the Property (shingles of 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 |
|--------------------|--------------------------|-------------------------------------|
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ceilings | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Doors | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Driveways | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Electrical Systems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Exterior Walls | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Item | Y | N |
|----------------------|--------------------------|-------------------------------------|
| Floors | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Foundation / Slab(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Interior Walls | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Lighting Fixtures | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Plumbing Systems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Roof | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Item | Y | N |
|-----------------------------|--------------------------|-------------------------------------|
| Sidewalks | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Walls / Fences | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Windows | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other Structural Components | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input 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 |
|---|-------------------------------------|-------------------------------------|
| Aluminum Wiring | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Asbestos Components | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Diseased Trees: <u>oak wilt</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Endangered Species/Habitat on Property | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Fault Lines | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Hazardous or Toxic Waste | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Improper Drainage | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Intermittent or Weather Springs | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Landfill | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Lead-Based Paint or Lead-Based Pt. Hazards | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Encroachments onto the Property | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Improvements encroaching on others' property | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Located in Historic District | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Historic Property Designation | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Previous Foundation Repairs | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Previous Roof Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Previous Other Structural Repairs | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Previous Use of Premises for Manufacture of Methamphetamine | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Condition | Y | N |
|---|-------------------------------------|-------------------------------------|
| Radon Gas | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Settling | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Soil Movement | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Subsurface Structure or Pits | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Underground Storage Tanks | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Unplatted Easements | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Unrecorded Easements | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Urea-formaldehyde Insulation | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Water Damage Not Due to a Flood Event | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Wetlands on Property | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Wood Rot | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Active infestation of termites or other wood destroying insects (WDI) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Previous treatment for termites or WDI | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Previous termite or WDI damage repaired | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Previous Fires | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Termite or WDI damage needing repair | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Single Blockable Main Drain in Pool/Hot Tub/Spa* | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(TXR-1406) 09-01-19

Initialed by: Buyer: _____ and Seller: 

Concerning the Property at _____

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary):
About ~~3-5~~ 3-5 years ago - roof leak, was fixed + new roof
over put on.

Game room had termites byrs? ago - fixed + treated.

*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.

"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.

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): _____