



INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT 7331 Avenue M
Santa Fe, TX 7510

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

- (1) Type of Treatment System: Septic Tank Aerobic Treatment Unknown
- (2) Type of Distribution System: Aerobic Unknown
- (3) Approximate Location of Drain Field or Distribution System: Attached engineer drawing. Unknown
- (4) Installer: R&B Aerobic Treatment Systems Unknown
- (5) Approximate Age: 2018 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: R & B Aerobic Treatment Systems LLC
Phone: (409)939-7162 contract expiration date: 1 Year
Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard on-site sewer facilities.)
- (2) Approximate date any tanks were last pumped? Unknown
- (3) Is Seller aware of any defect or malfunction in the on-site sewer facility? Yes No
If yes, explain: _____
- (4) Does Seller have manufacturer or warranty information available for review? Yes No

C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

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

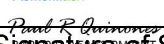
(TXR-1407) 1-7-04 Initialed for Identification by Buyer _____, _____ and Seller PRQ, _____ Page 1 of 2

Information about On-Site Sewer Facility concerning _____

D. INFORMATION FROM GOVERNMENTAL AGENCIES: Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas Commission on Environmental Quality (TCEQ) on 10/24/2002. The table estimates daily wastewater usage rates. Actual water usage data or other methods for calculating may be used if accurate and acceptable to TCEQ.

<u>Facility</u>	<u>Usage (gal/day) without water- saving devices</u>	<u>Usage (gal/day) with water- saving devices</u>
Single family dwelling (1-2 bedrooms; less than 1,500 sf)	225	180
Single family dwelling (3 bedrooms; less than 2,500 sf)	300	240
Single family dwelling (4 bedrooms; less than 3,500 sf)	375	300
Single family dwelling (5 bedrooms; less than 4,500 sf)	450	360
Single family dwelling (6 bedrooms; less than 5,500 sf)	525	420
Mobile home, condo, or townhouse (1-2 bedroom)	225	180
Mobile home, condo, or townhouse (each add'l bedroom)	75	60

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

Authentisign 08/12/2022

 Signature of Seller _____ Date _____
Paul R Quinones

Signature of Seller _____ Date _____

Receipt acknowledged by:

Signature of Buyer _____ Date _____

Signature of Buyer _____ Date _____

Site Evaluation: _____
Building Application: _____
Drainage Plan: _____
Floodplain Information: _____

Health District OSSF Permit# ON10234
City/County Building Permit# _____
Receipt Number# _____

4-12-18

CC 16254
R 216710
350

**GALVESTON COUNTY HEALTH DISTRICT
ON-SITE SEWAGE FACILITY
APPLICATION AND INSPECTION REPORT**

ON 10234
E-MAILED
5-2-18

NEW INSTALLATION
 RENOVATION

1. PROPERTY OWNER'S NAME: Rolin Michel
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: 4323 Holly Terrace Ct. TACOMA, TX 77505
(STREET/P.O. BOX) (CITY/STATE) (ZIP)
3. TELEPHONE NO. DURING DAY: 281 770-7581
4. SITE ADDRESS: 7331 Ar. M. SARTAGE, TX 77610
(STREET) (CITY/STATE) (ZIP)
5. PROPERTY DESCRIPTION: Lot 249 Block - Sec. - Subdivision: Aha Loma Outlots
Lot Size: 2.57 Acres PROPERTY SURVEY OR SIMILAR DOCUMENT SHOULD BE ATTACHED.
6. SOURCE OF WATER: Private Well Public Water Supply (NAME OF SUPPLIER)
7. SINGLE FAMILY RESIDENCE: No. Of Bedrooms 3 Living Area (sq. ft.) < 2500 ft²
8. ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (gpd): 240
WATER-SAVING DEVICES PROVIDED: (CIRCLE ONE) YES/NO
9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED PER WEEK: _____
10. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET? YES NO
11. Professional design required: YES NO If yes, professional design attached: YES No
- DESIGNER: Garry Gana INC REGISTRATION NO. 3207
PHONE NO. () 281-235-4201 (PE or (RS))
12. INSTALLER: Robert Moody REGISTRATION NO. 31086
PHONE NO. () 409-939-6498

I. SEWER (House drain): TYPE AND SIZE OF PIPE: 4" pvc SLOPE OF SEWER PIPE TO TANK: 1/8" per ft

II. TREATMENT TANKS:

TANK #	MAT'L	NO. OF COMPARTMENTS	TYPE	SIZE
#1	concrete	1	Trick	350 gals
#2		2	ATU	600 gpd
#3		1	pump	750 gals
#4				

III. SITE EVALUATION
NOTE: Information worksheet must be attached for review to be completed.

Soil Class/Texture _____ Load Rate .10
Performed By Bill Moody Registration NO. 11504 Phone No. () 409-939-7162

IV. DISPOSAL AREA
TYPE: Spray MINIMUM AREA REQUIRED 5854 - 6157 ft²
EXCAVATION WIDTH _____ DISTANCE BETWEEN EXCAVATIONS _____
TYPE/SIZE OF MEDIA _____ TYPE/DIAMETER OF PIPE 1" sch 40 pipe/pvc
TYPE OF BARRIER _____ EXCAVATION DEPTH _____
LANDSCAPE PLAN _____

V. PLOT PLAN

NOTE: This information must be attached for review to be completed.

- 1. Submit two (2) copies of the Galveston County Health District OSSF Application & Inspection Report.

The plot on the above mentioned form must include:

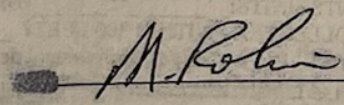
- a. Size and shape of lot or property.
- b. All structures on lot such as buildings, barns, pens, etc.
- c. Size and location of treatment tank(s),
- d. Size and location of wastewater disposal area,
- e. Distance of treatment tank(s) from house, property line, water well and wastewater disposal area,
- f. Distance of wastewater disposal area from house, property line, water well and treatment tank(s),
- g. Distance and direction to closest neighboring water well from treatment tank(s) and wastewater disposal area,
- h. Distance and direction to closer open water such as ponds, lakes, streams, etc.

DESIGNERS SIGNATURE _____

REGISTRATION NO. _____

DATE _____

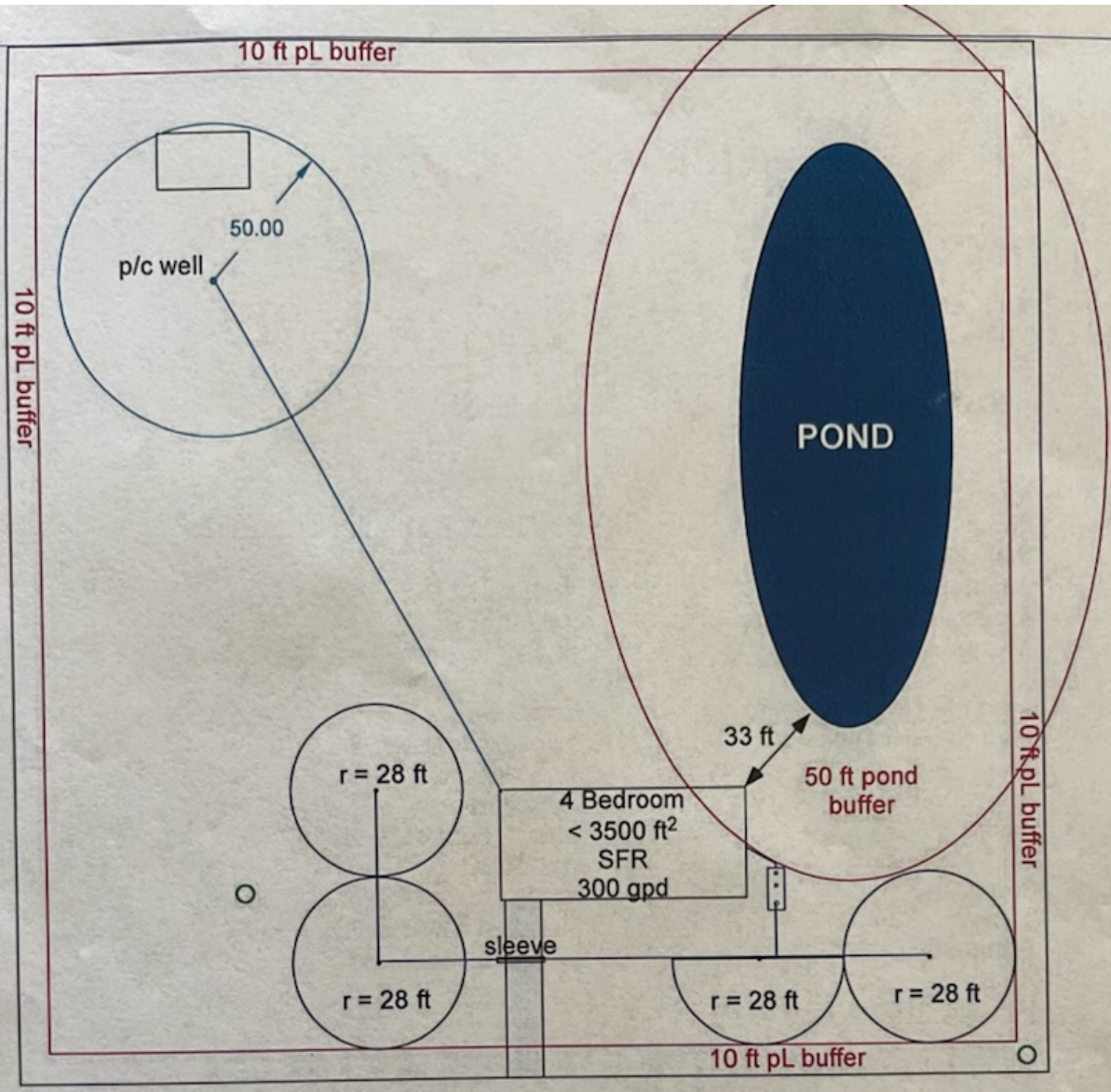
This notice must be read and signed before these construction plans will be approved. AFTER APPROVAL A BUILDING PERMIT MUST BE SECURED FROM THE APPROPRIATE COUNTY OR CITY BUILDING INSPECTION DEPARTMENT. The final inspection is to assure the system has been constructed according to the submitted plan and is consistent with good public health engineering practices. The acceptance of this plan and approval of the final inspection, however, should not be construed to mean that the Galveston County Health District recommends, approves, certifies or guarantees On-Site Sewage Facility Systems or their satisfactory performance. In the Galveston County Facility Systems may not function satisfactorily at all times. This plan meets all State and local rules and laws including distance requirements.



Property Owner

HEALTH DISTRICT USE ONLY

Authorization to Construct Approved/Disapproved by *[Signature]* DR# 05799 Date 5-1-18
 Inspection Requested by _____ Date _____
 Date inspection requested for _____ Time _____ am/pm
 Date inspection made _____ Time _____ am/pm
 Construction Approved/Disapproved by _____ DR# _____ Date _____
 Disapproval notice given to _____
 REMARKS: _____



○ = soil test site
by Site Evaluator

7331 AVENUE M

scale 1" = 50'

Per the Site Evaluator,
this property does not
lie within the 100 year
floodplain

Per the Site Evaluator,
this property exhibits less
than 1% slope across
its entire area

The designer, Garry Gana, R.S.,
has no first hand knowledge of
this property. The design is
based entirely on information
provided by an Independent
Site Evaluator.



Garry Gana

Revised
04-30-18
for home size

R&B Aerobic Treatment Systems LLC.
PO Box 221
Santa Fe, TX 77510

Phone: (409) 939-7162

rbatsilc@gmail.com

To: Paul Quinonez
7331 Ave M
Santa Fe, TX 77510

Customer ID
1239

Contract Period
Start Date: 8/11/2022
End Date: 8/11/2023

Email: paulqeeq@yahoo.com

Permit #: ON 10234

Phone: (832) 800-0648 Subdivision:
Site: 7331 Ave M, Santa Fe, TX 77510
County: Galveston
Installer: Robert Moody
Agency: Galveston County Health Department
Mfg/Brand: N.C.Pipe Inc.-NuWater-

Installed: 11/21/2018 R&B Aerobic Treatment Systems LLC.
Warranty End: 11/21/2020 3 visits per year - one every 4 months

A signed copy of the service policy shall be submitted to the permitting authority as soon as it is received from the property owner / agent. If the contract is to be discontinued by either the property owner /agent or the service company during the one year period the permitting authority must be notified in writing 30 days prior to the termination date. A new contract with another approved maintenance company must be submitted by the property owner within 30 days following termination.

Bill Moody shall perform the following:

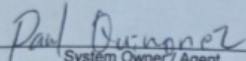
1. An inspection/service call every 4 Months, which includes inspections, adjustment, and servicing of the mechanical and electrical component parts as necessary to insure proper function.
2. An effluent quality inspection every 4 Months, consisting of a visual check for color, turbidity, scum overflow and an examination for odors.
3. A sample, if needed shall be pulled from the aeration tank every 4 Months to determine if there is an excess of solids in the treatment plant. If the test results determine a need for removal, the user/owner will bear the cost and responsibility for doing so.
4. If an improper operation is observed, which cannot be corrected at the time, the user/owner/agent shall be notified immediately of the conditions and the estimated cost and date of correction.
5. If required, a chlorine residual test will be taken at each visit (BOD and TSS annually on commercial only). If a grab test is required, the user/owner will be responsible for the cost of the grab test.

The owner is responsible for: keeping chlorine (Calcium Hypochlorite, properly labeled for wastewater disinfecting) in the chlorinator if required, as well as the cost of the chlorine or liquid bleach.

Shutting off the electrical current, disconnecting the alarm system, restricting ventilation to the aerator, Hydraulic overloading of the system above its rated capacity (500gpd) or flushing excessive amounts of harmful chemicals, paper, plastics, etc. into the system will void this service contract!

Bill Moody, who has been certified by the manufacturer of your system, or his appointed agent, will be responsible for fulfilling the requirements of the maintenance contract, as well as responding to any complaints and/or addressing any concerns by the owner /agent of this system. Concerns and/or complaints will be addressed onsite within (72) seventy two hours of the initial contact. A \$75.00 fee will be charged per additional service call during the contract period. This policy does not include pumping sludge from unit if necessary. This is not an extended Warranty! Repairs will be approved by owner prior to work being done.

The Service Company and the Owner agree to abide by the service policy as stated above.
Maintenance Company: R&B Aerobic Treatment Systems LLC. / Bill Moody 4310 A-Bar Dr. Santa Fe, TX 77510 409-939-7162


System Owner/ Agent

Owner E-Mail Address

Bill Moody

Date Printed: 8/12/2022