



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 200 Cascade Trl
San Marcos, Tx 78666

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	<input checked="" type="checkbox"/>		
Carbon Monoxide Det.	<input checked="" type="checkbox"/>		
Ceiling Fans	<input checked="" type="checkbox"/>		
Cooktop	<input checked="" type="checkbox"/>		
Dishwasher	<input checked="" type="checkbox"/>		
Disposal	<input checked="" type="checkbox"/>		
Emergency Escape Ladder(s)		<input checked="" type="checkbox"/>	
Exhaust Fans	<input checked="" type="checkbox"/>		
Fences	<input checked="" type="checkbox"/>		
Fire Detection Equip.	<input checked="" type="checkbox"/>		
French Drain		<input checked="" type="checkbox"/>	
Gas Fixtures	<input checked="" type="checkbox"/>		
Natural Gas Lines		<input checked="" type="checkbox"/>	

Item	Y	N	U
Liquid Propane Gas:	<input checked="" type="checkbox"/>		
-LP Community (Captive)		<input checked="" type="checkbox"/>	
-LP on Property	<input checked="" type="checkbox"/>		
Hot Tub		<input checked="" type="checkbox"/>	
Intercom System		<input checked="" type="checkbox"/>	
Microwave	<input checked="" type="checkbox"/>		
Outdoor Grill		<input checked="" type="checkbox"/>	
Patio/Decking	<input checked="" type="checkbox"/>		
Plumbing System	<input checked="" type="checkbox"/>		
Pool	<input checked="" type="checkbox"/>		
Pool Equipment	<input checked="" type="checkbox"/>		
Pool Maint. Accessories	<input checked="" type="checkbox"/>		
Pool Heater		<input checked="" type="checkbox"/>	

Item	Y	N	U
Pump: sump grinder		<input checked="" type="checkbox"/>	
Rain Gutters	<input checked="" type="checkbox"/>		
Range/Stove	<input checked="" type="checkbox"/>		
Roof/Attic Vents	<input checked="" type="checkbox"/>		
Sauna		<input checked="" type="checkbox"/>	
Smoke Detector	<input checked="" type="checkbox"/>		
Smoke Detector - Hearing Impaired		<input checked="" type="checkbox"/>	
Spa		<input checked="" type="checkbox"/>	
Trash Compactor		<input checked="" type="checkbox"/>	
TV Antenna		<input checked="" type="checkbox"/>	
Washer/Dryer Hookup	<input checked="" type="checkbox"/>		
Window Screens	<input checked="" type="checkbox"/>		
Public Sewer System		<input checked="" type="checkbox"/>	

Item	Y	N	U	Additional Information
Central A/C	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric gas number of units: <u>1</u>
Evaporative Coolers		<input checked="" type="checkbox"/>		number of units:
Wall/Window AC Units		<input checked="" type="checkbox"/>		number of units:
Attic Fan(s)		<input checked="" type="checkbox"/>		if yes, describe:
Central Heat	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric gas number of units: <u>1</u>
Other Heat		<input checked="" type="checkbox"/>		if yes, describe:
Oven	<input checked="" type="checkbox"/>			number of ovens: <u>1</u> electric <input checked="" type="checkbox"/> gas other:
Fireplace & Chimney	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> wood gas logs mock other: <u>Gas log lighter</u>
Carport		<input checked="" type="checkbox"/>		attached not attached
Garage	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> attached not attached
Garage Door Openers	<input checked="" type="checkbox"/>			number of units: <u>1</u> number of remotes: <u>2</u>
Satellite Dish & Controls			<input checked="" type="checkbox"/>	owned leased from:
Security System	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> owned leased from: <u>wired for Security - With Cameras</u>
Solar Panels		<input checked="" type="checkbox"/>		owned leased from:
Water Heater	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric gas other: number of units: <u>1 - 80gal</u>
Water Softener	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> owned leased from:
Other Leased Items(s)	<input checked="" type="checkbox"/>			if yes, describe: <u>LP tank - Bibbas got Gas</u>

(TXR-1406) 07-08-22

Initialed by: Buyer: _____ and Seller: JMP . CH

Page 1 of 6

Concerning the Property at _____

Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	automatic	manual	areas covered:
Septic / On-Site Sewer Facility	<input checked="" type="checkbox"/>	if yes, attach Information About On-Site Sewer Facility (TXR-1407)		

Water supply provided by: ___ city well ___ MUD ___ co-op ___ unknown ___ other: _____

Was the Property built before 1978? ___ yes no ___ unknown

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

Roof Type: 30yr Architectural Shingle Age: 8yrs (approximate)

Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)? ___ yes no ___ unknown

Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are need of repair? ___ yes no If yes, describe (attach additional sheets if necessary): _____

Section 2. Are you (Seller) aware of any defects or malfunctions in any of the following? (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

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

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

Section 3. Are you (Seller) aware of any of the following conditions? (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

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

(TXR-1406) 07-08-22

Initialed by: Buyer: _____ and Seller: [Signature] [Signature]

Concerning the Property at _____

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

N/A

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

***If Buyer is concerned about these matters, Buyer may consult Information About Flood Hazards (TXR 1414).**

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.

(TXR-1406) 07-08-22 Initialed by: Buyer: _____ and Seller: RP CH

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: Summer Mountain Ranch POA
Manager's name: Summer Britt Phone: 512-644-4198
Fees or assessments are: \$ 107.00 per year 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: _____
horse and hiking trails

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): see above

Concerning the Property at _____

Section 9. 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
2/2/2023	Septic	Noel J Aleman	2
2/17/2022	Septic	Rudy Carson/Billy Puff	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 10. Check any tax exemption(s) which you (Seller) currently claim for the Property:

- Homestead Senior Citizen Disabled
- Wildlife Management Agricultural Disabled Veteran
- Other: _____ Unknown

Section 11. Have you (Seller) ever filed a claim for damage, other than flood damage, to the Property with any insurance provider? yes no

Section 12. 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 13. 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.

John A Hopkins IV 3-16-23 Cristina Hopkins 3-16-23
Signature of Seller Date Signature of Seller Date

Printed Name: John A Hopkins IV Printed Name: Cristina Hopkins

(TXR-1406) 07-08-22 Initialed by: Buyer: _____ and Seller: JH CH Page 5 of 6

ADDITIONAL NOTICES TO BUYER:

- (1) The Texas Department of Public Safety maintains a database that the public may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit www.txdps.state.tx.us. For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
- (2) If the Property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1,000 feet of the mean high tide bordering the Gulf of Mexico, the Property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.
- (3) If the Property is located in a seacoast territory of this state designated as a catastrophe area by the Commissioner of the Texas Department of Insurance, the Property may be subject to additional requirements to obtain or continue windstorm and hail insurance. A certificate of compliance may be required for repairs or improvements to the Property. For more information, please review *Information Regarding Windstorm and Hail Insurance for Certain Properties* (TXR 2518) and contact the Texas Department of Insurance or the Texas Windstorm Insurance Association.
- (4) This Property may be located near a military installation and may be affected by high noise or air installation compatible use zones or other operations. Information relating to high noise and compatible use zones is available in the most recent Air Installation Compatible Use Zone Study or Joint Land Use Study prepared for a military installation and may be accessed on the Internet website of the military installation and of the county and any municipality in which the military installation is located.
- (5) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.
- (6) The following providers currently provide service to the Property:

Electric: Pedernales Electric CoOp
 Sewer: Black Creek Septic
 Water: NIA
 Cable: Spectrum
 Trash: Frontier Waste Solutions
 Natural Gas: NIA
 Phone Company: NIA
 Propane: Bubba's Got Gas
 Internet: Spectrum

2 poles with separate accts.

phone #: 1-888-554-4732
 phone #: 1-830-995-3189
 phone #: NIA
 phone #: 1-855-707-7328
 phone #: 1-888-854-2905
 phone #: NIA
 phone #: NIA
 phone #: 512-392-9999
 phone #: 1-855-707-7328

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

The undersigned Buyer acknowledges receipt of the foregoing notice.

Signature of Buyer _____ Date _____ Signature of Buyer _____ Date _____
 Printed Name: _____ Printed Name: _____

(TXR-1406) 07-08-22 Initialed by: Buyer: _____ and Seller: JH CH Page 6 of 6

Block Creek Concrete Products, LLC
444 A Old Hwy No 9
Comfort, TX 78013

Phone: (830) 995-3189
Fax: (830) 995-4051

To: John Hopkins
200 Cascade Trail
San Marcos, TX 78666

Printed: 2/17/2022
Site: 200 Cascade Trail
San Marcos, TX 78666
(512) 748-2421

Permit #: 2015-29048
Agency: Hays County
County: Hays
Mfg / Brand: Advantage Wastewater LLC - Nu Water
Treatment Type: Aerobic With Chlorine System S/N: 17705
Disposal: Surface Application

Customer ID: 3522
Contract Dates: 6/19/2021 - 6/19/2024
Scheduled Date: 2/19/2022 Inspection 2 of 9
Installed: 6/15/2015
Warranty End: 6/15/2017
Aerator S/N: 11565
GPS Coordinates - Latitude: 29.926117 Longitude: -98.071800

Service Type: Scheduled Inspection

This counts as a type of "Scheduled Inspection"

Visit Date: 2/17/2022

Out: 1033

Entered By: Billy Duff

Method: Grab

Technician: Billy Duff

Maint. Provider: Rudy Carson

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: .57

Sludge Levels

For Tank 1: 15

For Tank 2: 34

For Tank 3: 0"

CFM: 3.0

Tank Lid / Riser: Secured

Electric Circuits: Operational

Distribution System: Operational

Sprayfield Veg: Operational

Color: Good

Odor: Good

Alarm: Operational

PSI Pressure: 3.0

Comments

- Technician Secured the Tank Lid and/or Riser prior to leaving location. - Cleaned compressor filter - reset timer - pretreat scum 10" - Secured system in the on position with a lock bolt

Service Completed

Owner signature:

Insp ID #: 120528

Provider: **Rudy Carson**

Technician: Billy Duff

License Info: MP0002036 Expires:

License Info: MT0001357 Expires:

PI

Block Creek Aerobic Services, LLC
444 A Old Hwy No 9
Comfort, TX 78013

Invoice

Call & pay

Phone: (830) 995-3189 / Fax: (830) 995-4051

Email:

Inv Date and Due:	2/2/2023	2/2/2023
Invoice No:	35840	Net: 0
Cust ID No:	3522	

To: John Hopkins
200 Cascade Trail
San Marcos, TX 78666

Main Phone: (512) 748-2421
Work:
Cell Phone: (512) 787-2457
Alt Cell:

Type: Service
Entered: Noel J Aleman

Site: 200 Cascade Trail

Invoiced Line Items	Qty	Unit Prices	Subtotals	Taxed Y/N	Taxed Amt	Line Totals
Sprinkler	1	\$20.000	\$20.000	✓	\$1.35	\$21.35

mailed CK

Please pay balance due upon receipt of invoice. Thank You!

	Qty Total	Subtotal	Taxed Total	Line Totals
	1	\$20.00	\$1.35	\$20.00
Tax 1:		Kendall County	6.750 %	\$1.35

Total Tax:	\$1.35
Taxable Amount:	\$20.00
Non-Taxable Amount:	\$0.00
Invoice Total:	\$21.35

- Amount Received: \$0.00

Remaining Balance: \$21.35

Please return this portion with payment

CHECK IF ADDRESS IS INCORRECT. SHOW CORRECT ON REVERSE SIDE OF THIS PORTION

Pay to: **Block Creek Aerobic Services, LLC**
444 A Old Hwy No 9
Comfort, TX 78013
Phone: (830) 995-3189 / Fax: (830) 995-4051
Email:

ID No: 3522
Invoice#: 35840

Created: 2/2/2023
Due Date: 2/2/2023

Current Amount Due: \$21.35

Amount Paid: _____

Method of Payment: CHECK Card # _____

Billing Zip Code: _____

Check #: _____

Name: _____ Exp ____/____/____ CVV _____

Block Creek Aerobic Services, LLC
444 A Old Hwy No 9
Comfort, TX 78013

Past Due
Invoice

Phone: (830) 995-3189 / Fax: (830) 995-4051
Email:

Inv Date and Due:	2/2/2023	2/2/2023
Invoice No:	35852	Net: 0
Cust ID No:	3522	

To: John Hopkins
200 Cascade Trail
San Marcos, TX 78666

Main Phone: (512) 748-2421
Work: WO#: 47243
Cell Phone: Type: Work Order
Alt Cell: Entered: Rudy Carson

Site: 200 Cascade Trail

Invoiced Line Items	Qty	Unit Prices	Subtotals	Taxed Y/N	Taxed Amt	Line Totals
Sprinkler	1	\$20.000	\$20.000	<input checked="" type="checkbox"/>	\$1.35	\$21.35

Please pay balance due upon receipt of invoice. Thank You!

	Qty Total	Subtotal	Taxed Total	Line Totals
	1	\$20.00	\$1.35	\$20.00
Tax 1: Kendall County			6.750 %	\$1.35

Total Tax:	\$1.35
Taxable Amount:	\$20.00
Non-Taxable Amount:	\$0.00
Invoice Total:	\$21.35

Problem:
Pooling around 1 sprinkler and the one sprinler isn't spraying.
Can move to other day if full

<> Results:
- Technician Secured the Tank Lid and/or Riser prior to leaving location. Inspection - Cleaned compressor filter - Scum in pretreatment is 16", cleaned one sprinklers screen and replaced a sprinkler, checked timer, checked buzzers, everything is properly working at this time.

- Amount Received: \$0.00
Remaining Balance: \$21.35

ck # 882
pd
2/21/23