



Splice recorded  
1/23/23

# INFORMATION ABOUT ON-SITE SEWER FACILITY

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**CONCERNING THE PROPERTY AT** 5317 Muske Lane Pattison TX

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

- (1) Type of Treatment System:  Septic Tank  Aerobic Treatment  Unknown
- (2) Type of Distribution System: Sprinklers  Unknown
- (3) Approximate Location of Drain Field or Distribution System: West of house in lower pasture  Unknown
- (4) Installer: Austin County Water Well  Unknown
- (5) Approximate Age: 2004  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: Advanced Aerobics  
Phone: 713 249-8181 contract expiration date: 7/31/23  
*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? ~~9-15-2017~~ 9-15-2017
- (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  Appraisal to the Public for Aerobic Only - Cert. of OSSF Requiring Maintenance
- (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 IKR, [Signature]

Page 1 of 2

Information about On-Site Sewer Facility concerning 5317 Muske Lane Pothson TX

**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.**

Neil Stanley Rensvold 5/4/23  
Signature of Seller Date

Kathryn Ann Rensvold 7/1/23  
Signature of Seller Date

Receipt acknowledged by:

\_\_\_\_\_  
Signature of Buyer Date

\_\_\_\_\_  
Signature of Buyer Date

**Advanced Aerobics**  
**P O BOX 57**  
**HOCKLEY, TX 77447**

*OK # 4617*  
*\$19000*

Date: 6/6/2022

Phone: (713) 249-8181

advancedaerobics@yahoo.com

**To: NEIL RENSVOLD**  
**P O BOX 456**  
**PATTISON, TX 77466**

**Contract Period**  
**Start Date: 7/31/2022**  
**End Date: 7/31/2023**

**Permit #: 4648**

Phone: (281) 709-7465      Subdivision:  
Site: 5317 MUSKE, BROOKSHIRE, TX 77423  
County: WALLER  
Installer:  
Agency: WALLER COUNTY  
Mfg/Brand: GATCO / Cajun Aire

3 visits per year - one every 4 months

ADVANCED AEROBICS  
Map Key: ID: 405

This is to Certify that the above RESIDENTIAL sewage system has a RENEWED inspections agreement per Texas Commission on Environmental Quality (TCEQ) THIS agreement is for 1 year

Inspection reports by the above service company will be filed with the authorized agency as required by the TCEQ regulations. A weather proof tag or label will be attached to the controller showing the month that each inspection was made. A door hanger will be placed at the location indicating that the service was performed.

Items included on the Inspection Report generally include aerators, filters, irrigation pump, air compressor, disinfection device, chlorine supply, OK System light, spray field vegetation, probe, air stones, sprinkler or drip backwash.

Filter will be cleaned with each inspection and air stones will be cleaned if necessary  
**CHLORINE AND PH TESTING CONDUCTED AT EACH INSPECTION**  
**THE ANNUAL HARRIS COUNTY BOD5 AND TSS TESTING WILL BE AVAILABLE AT AN ADDITIONAL CHARGE**  
We will visit your site within 48 hours of you notifying us of a problem.

**OWNER'S RESPONSIBILITIES:**

- ADDING THE CHLORINE
- MAINTAINING THE LANDSCAPE AROUND THE TREATMENT PLANT AND KEEPING GRASS TRIMMED IN AND AROUND THE SPRAY AREA TO ALLOW ADEQUATE DISPLACEMENT AND EVAPORATION OF THE WATER.
- CONTROLLING ANTS AROUND THE TREATMENT PLANT. (DAMAGE CAUSED BY ANTS IS NOT COVERED UNDER MANUFACTURER'S WARRANTY).

**SERVICE CALLS WILL BE BILLED AT HALF THE CALL OUT RATE FOR SYSTEMS UNDER CONTRACT!!!**  
*This agreement DOES NOT include the cost of CALLS FOR SERVICE, REPAIRS, BLOWERS, PUMPS, CONTROL PANELS OR THE PUMPING OF SLUDGE FROM THE TANK OR TANKS!!!!*

I give Advanced Aerobics permission to place ant poison around the blower as necessary to prevent it from damage.

This agreement DOES NOT include the COST OF CHLORINE.  
\*\*\*\*IF THE SYSTEM DOES NOT HAVE CHLORINE AT THE TIME OF INSPECTION, ADVANCED AEROBICS WILL ADD THE APPROPRIATE AMOUNT OF CHLORINE AND THE HOMEOWNER WILL BE BILLED \$18.00 (\$3.00/TABLET X 6 TABLETS). Chlorine is necessary for proper disinfection and is required by state law.\*\*\*\*

Home Owner: Neil Rensvold      Signature: Neil Rensvold

EMAIL ADDRESS: Wrenvill@yahoo.com      Date: 6/28/22      Phone: 7138162197

Certified Inspector: \_\_\_\_\_ Date: \_\_\_\_\_  
Mark Smith      Installer II 8056 MP 470