

## 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.**

103 Elm St  
Donie, TX 75838

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 X is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property? Dec 2023 (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		X	
Carbon Monoxide Det.	X		
Ceiling Fans	X		
Cooktop		X	
Dishwasher	X		
Disposal		X	
Emergency Escape Ladder(s)		X	
Exhaust Fans	X		
Fences	X		
Fire Detection Equip.	X		
French Drain			X
Gas Fixtures		X	
Liquid Propane Gas:		X	
-LP Community (Captive)			X
-LP on Property		X	

Item	Y	N	U
Natural Gas Lines		X	
Fuel Gas Piping:		X	
-Black Iron Pipe		X	
-Copper			X
-Corrugated Stainless Steel Tubing			X
Hot Tub		X	
Intercom System		X	
Microwave		X	
Outdoor Grill		X	
Patio/Decking	X		
Plumbing System	X		
Pool		X	
Pool Equipment		X	
Pool Maint. Accessories		X	
Pool Heater		X	

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

Item	Y	N	U	Additional Information
Central A/C	X			<u>X</u> electric <u>gas</u> number of units: <u>1</u>
Evaporative Coolers		X		number of units: _____
Wall/Window AC Units		X		number of units: _____
Attic Fan(s)			X	if yes, describe: _____
Central Heat	X			<u>X</u> electric <u>gas</u> number of units: <u>1</u>
Other Heat		X		if yes, describe: _____
Oven		X		number of ovens: _____ electric <u>gas</u> other: _____
Fireplace & Chimney		X		<u>wood</u> <u>gas logs</u> <u>mock</u> other: _____
Carport	X			<u>X</u> attached <u>not attached</u>
Garage				<u>attached</u> <u>not attached</u>
Garage Door Openers		X		number of units: _____ number of remotes: _____
Satellite Dish & Controls		X		<u>owned</u> leased from: _____
Security System		X		<u>owned</u> leased from: _____

(TXR-1406) 07-10-23

Initialed by: Buyer: J. A. J. and Seller: \_\_\_\_\_

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Concerning the Property at \_\_\_\_\_

Solar Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> owned	leased from: _____
Water Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> electric	gas other: _____ number of units: _____
Water Softener	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> owned	leased from: _____
Other Leased Items(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	if yes, describe: _____	
Underground Lawn Sprinkler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> automatic	<input type="checkbox"/> manual areas covered _____
Septic / On-Site Sewer Facility	<input checked="" 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: \_\_\_\_\_

Was the Property built before 1978?  yes  no  unknown

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

Roof Type: \_\_\_\_\_ Age: \_\_\_\_\_ (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
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"/>

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 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"/>

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 type="checkbox"/>	<input checked="" type="checkbox"/>
Previous termite or WDI damage repaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Fires	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(TXR-1406) 07-10-23

Initialed by: Buyer: JQ and Seller: Ja

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Concerning the Property at \_\_\_\_\_

Previous Roof Repairs		<input checked="" type="checkbox"/>
Previous Other Structural Repairs		<input checked="" type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine		<input checked="" type="checkbox"/>

Termite or WDI damage needing repair		
Single Blockable Main Drain in Pool/Hot Tub/Spa*		<input checked="" type="checkbox"/>

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*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.

Concerning the Property at \_\_\_\_\_

"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.

**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.

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Initialed by: Buyer: [Signature] and Seller: \_\_\_\_\_

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Concerning the Property at \_\_\_\_\_

- 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): \_\_\_\_\_

**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

*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.*

Concerning the Property at \_\_\_\_\_

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.

Signature of Seller \_\_\_\_\_ Date \_\_\_\_\_ Signature of Seller \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**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 <https://publicsite.dps.texas.gov>. 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: <u>Navasota Valley Electric</u>	phone #: <u>800-445-8920</u>
Sewer: _____	phone #: _____
Water: <u>Donie Water Works</u>	phone #: <u>254-359-4264</u>
Cable: _____	phone #: _____
Trash: _____	phone #: _____
Natural Gas: _____	phone #: _____
Phone Company: <u>ACI</u>	phone #: <u>800-628-5371</u>
Propane: _____	phone #: _____
Internet: <u>ACI (aciglobal.com)</u>	phone #: <u>800-628-5371</u>

103 Elm St  
Donie, TX 75838

Concerning the Property at \_\_\_\_\_

(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: _____	



# INFORMATION ABOUT ON-SITE SEWER FACILITY

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS®, INC. IS NOT AUTHORIZED.  
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## CONCERNING THE PROPERTY AT

103 Elm St  
Donie, TX 75838

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

- (1) Type of Treatment System:  Septic Tank  Aerobic Treatment  Unknown  
 \_\_\_\_\_
- (2) Type of Distribution System: \_\_\_\_\_  Unknown
- (3) Approximate Location of Drain Field or Distribution System: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  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? \_\_\_\_\_
- (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:

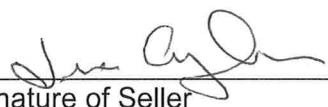
- (1) The following items concerning the on-site sewer facility are attached:  
 planning materials  permit for original installation  final inspection when OSSF was installed  
 maintenance contract  manufacturer information  warranty information  \_\_\_\_\_
- (2) "Planning materials" are the supporting 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.**



**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.**

  
\_\_\_\_\_  
Signature of Seller

3-21-2024  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Seller

3-21-2024  
\_\_\_\_\_  
Date

Receipt acknowledged by:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**AUTHORIZATION TO CONSTRUCT  
AN  
ON-SITE SEWAGE FACILITY**

Application Number FC21012

TCEQ Region 9-Waco

Type of System Surface Application

Property Owner Jim Ayhan

Mailing Address P.O. Box 183  
Donie, TX. 75838

Property Location 105 Elm St.  
Donie, TX. 75838

Freestone County, TX

This serves to notify all persons that on-site sewage facility application, related technical data, and the appropriate fee have been received by **FREESTONE COUNTY** from the property owner. The application was received and approved for technical and administrative consideration against the standards set forth by **FREESTONE COUNTY**.

You or your installer must contact **FREESTONE COUNTY** *five working days prior* to completion to arrange the required facility inspection. The 4-12-21 (date) authorization to construct is valid for one year from the date of issue. If a final inspection has not been performed within one year of issue, a new application and fee will be required.

Comments:

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Steve Black  
Application Reviewer  
Steve Black  
Freestone County OSSF-DR

4-12-21  
Date

**NOTICE OF APPROVAL  
OF AN  
ON-SITE SEWAGE FACILITY**

Permit Number

FC21012

TCEQ Region 9-Waco

Type of System

Surface Application

Property Owner

Jim Ayhan

Mailing Address

P.O. Box 183

Donie, TX. 75838

Property Location

105 EIM ST.

Donie, TX. 75838

Freestone County, TX

This serves to notify all persons that on-site sewage facility owned by the above has satisfied design, construction and installation requirements of Freestone County. This Freestone County On-Site Sewage Facility Permit is issued for the operation of above identified on-site sewage facility.

**ANY MODIFICATIONS TO THE STRUCTURE, SYSTEM COMPONENTS OF CHANGES OF OWNERSHIP MAY REQUIRE A NEW PERMIT. The owner must notify this office of the aforementioned changes.**

Comments:

Steve Black

Inspector

Freestone County OSSF-DR

4-22-21

Date

**Michael Vezorak**  
8592 Hwy. 75 N.\*Buffalo, Texas 75831  
903-388-0280 MP0001959  
**TWO YEAR MAINTENANCE CONTRACT**

**Customer: Jim Ayhan**

**ADDRESS: 105 Elm Street Donie, Texas 75838**  
**Phone: 4635-463-5980**

**PERMIT NO.**

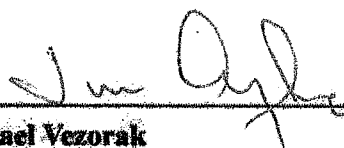
**BEGINNING DATE April 2, 2021-ENDING DATE April 1, 2023**

Michael Vezorak or an authorized representative will inspect your on-site sewage facility and perform the necessary servicing for the period of one year from the date of this contract. Inspections will occur every four months with a total of three inspections per year.

Each inspection will consist of a chlorination residual test on surface application septic systems, a visual inspection of the effluent quality, color, turbidity and odor, checking all alarms, cleaning filters, and inspecting the disposal area for surfacing, the chlorine in the chlorinator.

This contract includes labor charges for normal routine inspections. This contract does not cover emergency calls, labor or materials due to but not limited to normal wear, misuse, abuse and/or failure to maintain electrical power to the system, wastewater flows exceeding the hydraulic/organic capabilities, disposal of non-biodegradable materials including chemicals, solvents, grease, oil, paint, etc., or any others listed in the owner's manual or by the authorized service representative. All testing and reporting is required by Freestone County. Copies of this contract and testing will be submitted.

**CUSTOMER:**



**DATE: 3-22-2021**

**Provider: Michael Vezorak**

**DATE: March 22, 2021**

Robinson Septic Designs  
 Chris Robinson, R.S.  
 Registered Professional Sanitarian RS# 4238  
 Site Evaluator OS# 0028007  
 211 CR 501 Fairfield, Texas 75840  
 903-389-6175

OSSF Soil and Site Evaluation

Property Owner: Jim Ayham 4.1 ac

Site Address: 105 Elm St. Donie, Texas (Freestone Co.)

*Requirements: At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil borings or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed disposal field excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on this form. Indicate depths where features appear.*

**Soil Test Hole #1:**

<u>Depth (in)</u>	<u>Texture Class</u>	<u>Soil Type</u>	<u>Gravel Analysis (If Applicable)</u>	<u>Drainage Mottling/Water Table</u>	<u>Restrictive Horizon</u>
0-8	II	SL	None noted	None noted	None noted
8 to 24	IV	Clay	None noted	None noted	None noted

**Soil Test Hole #2:**

<u>Depth (in)</u>	<u>Texture Class</u>	<u>Soil Type</u>	<u>Gravel Analysis (If Applicable)</u>	<u>Drainage Mottling/Water Table</u>	<u>Restrictive Horizon</u>
0-10	II	SL	None noted	None noted	None noted
10 to 24	IV	Clay	None noted	None noted	None noted

Presence of an upper water shed:  Yes  No  
 Presence of adjacent ponds, streams, water impoundments within 75 ft:  Yes  No  
 Existing or proposed water wells within 100 ft:  Yes  No  
 Percent ground slope: 2.1%

Soil Suitable for Conventional System? No Site Suitable for an OSSF: Yes

Comments: No property lines within 29 ft of proposed OSSF. Aerobic treatment with Surface Application will be utilized. Grass is established.

Note: All soil and site conditions are based upon conditions that were existing at the time of the evaluation. This evaluation does not represent a guarantee or warranty that the system will be installed or function properly.

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

Chris Robinson  
 Chris Robinson, SE 0028007/RS 4238

03/26/21  
 Date

Robinson Septic Designs  
 Chris Robinson, R.S.  
 Registered Professional Sanitarian, RS# 4238  
 Site Evaluator OS 0028007  
 211 CR 501 Fairfield, Texas 75840  
 903-389-6175

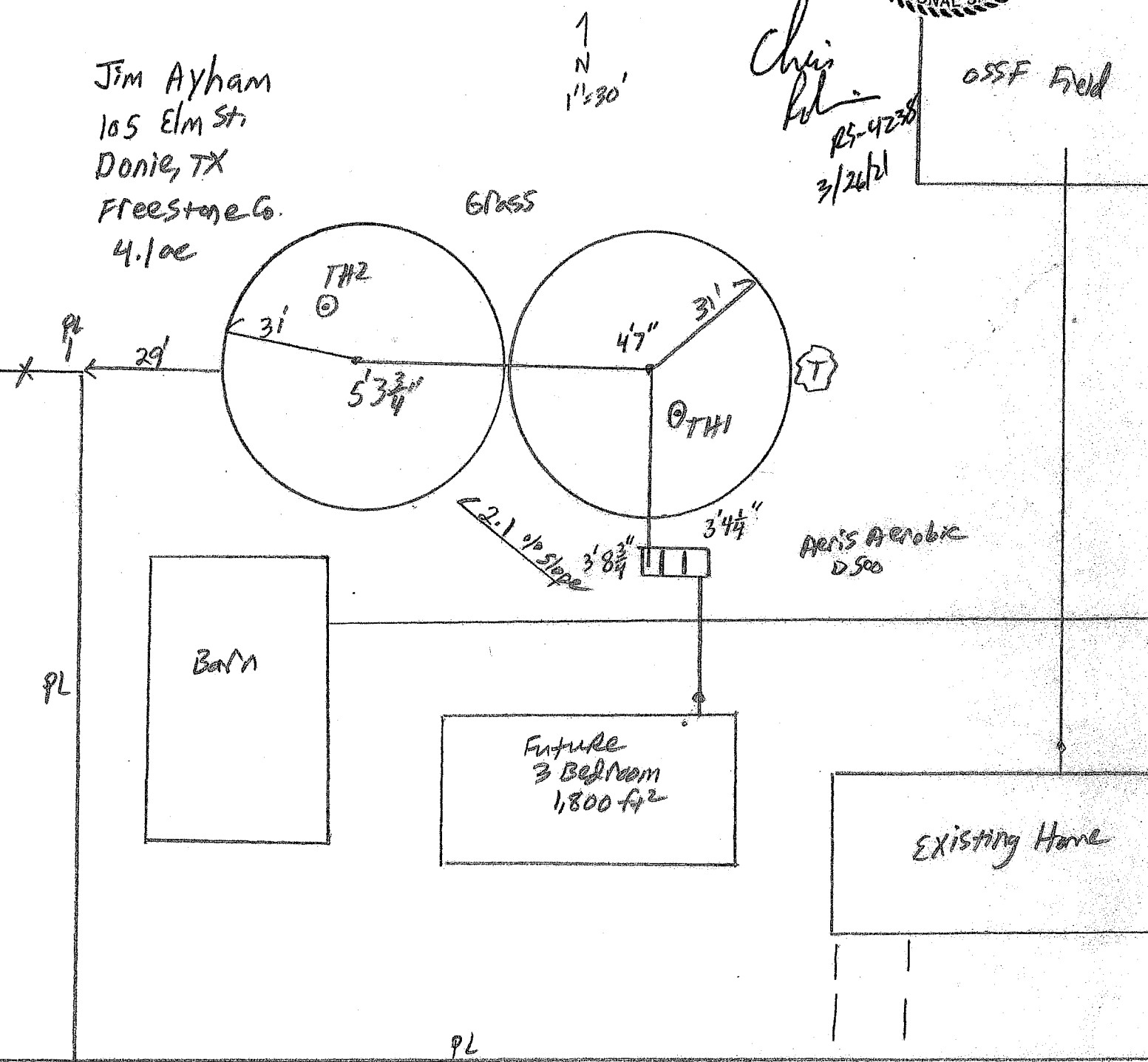


Jim Ayham  
 105 Elm St.  
 Donie, TX  
 Freestone Co.  
 4.1 ac

1  
 N  
 1 1/2° 30'

Chris  
 Robinson  
 RS-4238  
 3/26/21

OSF Field



ELM ST.

**ROBINSON SEPTIC DESIGNS**  
*Chris Robinson R.S.*  
**Registered Texas Professional Sanitarian #4238**  
**Site Evaluator #28007**  
**211 FCR 501**  
**Fairfield, Texas 75840**  
**Phone 903-389-6175**



*Chris Robinson*  
RS-4238  
3/26/21

**SYSTEM PARAMETERS**

3/26/21

**Name:** Jim Ayham

**Location:** 105 Elm St. Donie, Texas (Freestone Co.)

**Size:** 4.1 ac

**Daily flow:** 240 gpd. w/ water saving devices (3 bedroom 1,800 sqft)

**Soil Classification:** IV Clay

**Maximum Loading Rate:** 0.045 gal/sqft/day

**Required Disposal Area:** 5,334 sqft

**Designed Disposal Area:** 6,035 sqft

**Supply Line to Heads:** 107 ft of 1 in sch 40 pvc purple pipe

**Elevation Head:** 6.4 ft

**Pressure Head:** 93.6 ft (40 psi)

**Friction Head:** 8 ft

**Total Head:** 108 ft

**Sewer Line:** 3 or 4 inch SCH 40 from home to the tanks with a minimum of 1/8 in fall per linear foot of pipe. There will be two way clean out installed between the house stub out and the treatment tanks

**Treatment System:** Class I Aerobic treatment unit 500 gpd  
Proposed unit – Aeris D500N (505 gal PT)

ROBINSON SEPTIC DESIGNS  
Chris Robinson R.S.  
Registered Texas Professional Sanitarian #4238  
Site Evaluator #28007  
211 FCR 501  
Fairfield, Texas 75840  
Phone 903-389-6175



*Chris Robinson*  
3/24/21

Name: Jim Ayham 3/26/21

SYSTEM PARAMETERS (Cont.)

Pre Treatment Tank: 341 gal. Aeris Concrete  
Aeration Chamber: 500 gal/day Aeris Concrete  
Pump Tank: 505 gal Aeris Concrete  
Pump Requirements 11.4gpm @ 108 ft of total head. (9.4 gpm + 2 gpm anti siphon)  
Pump controlled by a timer for night spray (Midnight – 5 am).  
Dosing Volume: Float set for 3 inches to dose the maximum dose possible when timer calls for pump to come on.

Audio and visual alarms are required to be on a separate circuit than the pump. All electrical to be installed according to the National Electric Code.

Primary and secondary lids required on tank risers.

Commercial chlorinator required. Liquid Chlorinator recommended

Sprinklers: K-Rain pro plus purple top spray heads--low angle nozzles (12 degrees). (2) heads w/ #4 nozzle @ 40 psi for 31 ft radius. Both heads spray 360 degrees radius. No obstructions within sprayfield.

Notes: This design meets all TCEQ and County requirements. All set back requirements have been met. Property lines as represented by owner. All parts of OSSF are  $\geq$  49 ft from property lines of the easement. Call 811 prior to starting excavation. Minor variations in the placement of OSSF is acceptable, so long as all setbacks are maintained. CONDENSATION LINES ARE TO BE PLUMBED SEPARATE FROM THE OSSF. THIS PROPERTY MEETS THE 10 AC RULE.

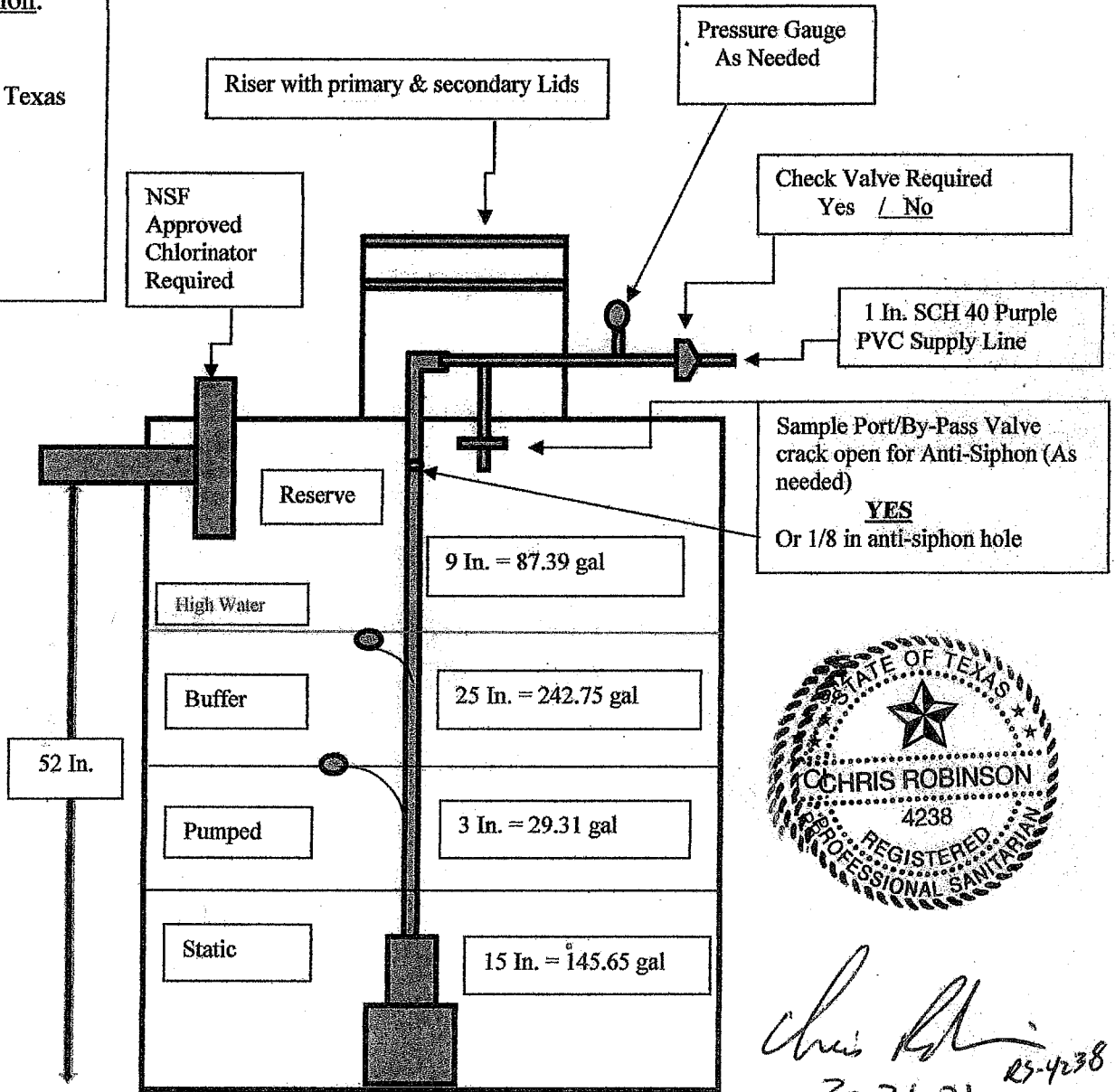
*Disclaimer: Please note that due to the vagrancies of man and nature, this design does not guarantee or warranty the proper installation or functioning of system.*



**Robinson Septic Designs**  
**Chris Robinson R.S. # 4238**  
**211 CR 501 Fairfield, Texas 75840**  
**903-389-6175**  
*Aerobic/Surface Application Pump Tank*

**Owner's information:**  
 Jim Ayham  
 105 Elm St. Donie, Texas  
 (Freestone Co.)

**Not To Scale**  
*Drawing is for schematic purpose only.*



*Chris Robinson*  
 3-26-21 25-4238

**Pump Controlled By:**  
 Float for On Demand Dosing  
 OR  
 \*Commercial Timer set for Night Spray  
 Set to operate between:  
 Midnight - 5 am

Audio & Visual Alarms required.  
 Alarms to be controlled by a separate float on a separate electrical circuit.

**Tank Information:**  
 Aeris D500N 1 piece concrete unit. 505 gal pump tank.  
 9.71 gallons/inch

FREESTONE COUNTY SERVICES - OSSF  
Freestone County Courthouse  
118 E. Commerce, Rm. 105  
Fairfield, Texas 75840  
903-389-8884 office  
903-389-3839 fax

CUSTOMER COPY

COUNTY USE ONLY:  
APPLICATION No. \_\_\_\_\_  
RECEIPT No. \_\_\_\_\_  
DATE \_\_\_\_\_  
AMOUNT \$ \_\_\_\_\_

APPLICATION FOR ON-SITE SEWAGE FACILITIES

1. PROPERTY OWNER'S NAME: Ayhan Jim I  
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: P.O. Box 183 Donie, Tx 75838  
(STREET/PO BOX) (CITY/STATE) (ZIP)
3. TELEPHONE NO.: 903-359-4097 HOME ( ) WORK
4. 911 SITE ADDRESS: 105 Elm St Donie, Tx 75838  
(STREET) (CITY/STATE) (ZIP)
5. PROPERTY DESCRIPTION: SURVEY: Casillas A-168 PRECINCT # \_\_\_\_\_  
NUMBER OF ACRES: 4.10 SQUARE FOOTAGE OF PROPERTY \_\_\_\_\_ (IF LESS THAN 1 ACRE)  
LOT/BLK/SEC/SUBDIVISION (IF APPLICABLE): \_\_\_\_\_
6. SOURCE OF WATER: PRIVATE WELL  PUBLIC WATER SUPPLY  Donie Water Works  
(NAME OF SUPPLIER)
7. SINGLE FAMILY RESIDENCE: NO. OF BEDROOMS 3 LIVING AREA (SQ FT) 1800  
DESIGNED MAXIMUM DAILY WATER CONSUMPTION (GPD): 240
8. COMMERCIAL/INSTITUTIONAL (INCLUDING MULTI-FAMILY RESIDENCES) TYPE: \_\_\_\_\_  
NO. OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK \_\_\_\_\_  
DESIGNED MAXIMUM DAILY WATER CONSUMPTION (GPD): \_\_\_\_\_
9. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 30 FEET? YES  NO
10. SITE EVALUATOR: Chris Robinson  
LICENSE NO.: 28007 PHONE NO. 903-389-6175
11. DESIGNER: Chris Robinson  
LICENSE NO.: 4238 PHONE NO. 903-389-6175
12. INSTALLER: Mike VEZORAK  
LICENSE NO.: 31450 PHONE NO. 903-388-0280

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AUTHORIZATION IS HEREBY GIVEN TO THE FREESTONE COUNTY DESIGNATED REPRESENTATIVE TO ENTER UPON THE ABOVE DESCRIBED PRIVATE PROPERTY FOR THE PURPOSE OF LOT EVALUATION AND INSPECTION OF ON-SITE SEWAGE FACILITIES. I UNDERSTAND THAT THE APPROVAL OF THIS APPLICATION CONSTITUTES AUTHORIZATION FOR CONSTRUCTION OF THE ON-SITE SEWAGE FACILITY AND THAT A PERMIT TO OPERATE THE FACILITY WILL BE GRANTED FOLLOWING SUCCESSFUL INSPECTION OF THE INSTALLED SYSTEM WHICH INDICATES THAT THE SYSTEM WAS INSTALLED IN COMPLIANCE WITH TCEQ'S ON-SITE SEWAGE FACILITY RULES (OSSF) AND FREESTONE COUNTY'S WASTE CONTROL ORDER.

Jim Ayhan  
(SIGNATURE OF OWNER)

3-22-2001  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF AUTHORIZED COUNTY REPRESENTATIVE)

\_\_\_\_\_  
(DATE)