



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 24550 JOHNSON RD., MONTGOMERY TX 77356

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
FIBER			
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			
Natural Gas Lines			

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			
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			
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 <input type="checkbox"/> gas number of units: <u>ONE</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"/>			electric <input checked="" type="checkbox"/> gas number of units: <u>ONE</u>
Other Heat	<input checked="" type="checkbox"/>			if yes, describe: <u>MINI-SPLIT IN GARAGE</u>
Oven	<input checked="" type="checkbox"/>			number of ovens: <u>ONE</u> electric <input checked="" type="checkbox"/> gas other:
Fireplace & Chimney		<input checked="" type="checkbox"/>		wood gas logs mock other:
Carport	<input checked="" type="checkbox"/>			<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>TWO</u> number of remotes: <u>3</u>
Satellite Dish & Controls		<input checked="" type="checkbox"/>		owned leased from:
Security System	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> owned leased from:
Solar Panels		<input checked="" type="checkbox"/>		owned leased from:
Water Heater	<input checked="" type="checkbox"/>			electric <input checked="" type="checkbox"/> gas other: <u>TANKLESS</u> number of units: <u>ONE</u>
Water Softener		<input checked="" type="checkbox"/>		owned leased from:
Other Leased Items(s)		<input checked="" type="checkbox"/>		if yes, describe:

(TXR-1406) 09-01-19

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

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Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> automatic	manual areas covered: <u>ENTIRE YARD</u>
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: METAL - STANDING SEAM Age: 3 YRS (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"/>
	<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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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"/>
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"/>

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If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary):
THERE ARE CREEKS AND DRAINAGE DITCHES ON PROPERTY, BUT NONE NEAR THE HOUSE

*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 | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Present flood insurance coverage (if yes, attach TXR 1414). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous flooding due to a failure or breach of a reservoir or a controlled or emergency release of water from a reservoir. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous flooding due to a natural flood event (if yes, attach TXR 1414). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous water penetration into a structure on the Property due to a natural flood event (if yes, attach TXR 1414). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> 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). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded)). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a floodway (if yes, attach TXR 1414). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a flood pool. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a reservoir. |

If the answer to any of the above is yes, explain (attach additional sheets as necessary): THERE IS A DRAINAGE CREEK ON THE FRONT 24 ACRES THAT FILLS A POND - NOT SURE HOW THAT CREEK IS CLASSIFIED

*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.

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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.)

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 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. |
| <input checked="" type="checkbox"/> | | 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: <input type="checkbox"/> mandatory <input type="checkbox"/> voluntary
Any unpaid fees or assessment for the Property? <input type="checkbox"/> yes (\$ _____) <input type="checkbox"/> no
If the Property is in more than one association, provide information about the other associations below or attach information to this notice. |
| <input checked="" type="checkbox"/> | | 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? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe: _____ |
| <input checked="" type="checkbox"/> | | Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property. |
| <input checked="" type="checkbox"/> | | Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.) |
| <input checked="" type="checkbox"/> | | Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property. |
| <input checked="" type="checkbox"/> | | Any condition on the Property which materially affects the health or safety of an individual. |
| <input checked="" type="checkbox"/> | | 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). |
| <input checked="" type="checkbox"/> | | 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. |
| <input checked="" type="checkbox"/> | | The Property is located in a propane gas system service area owned by a propane distribution system retailer. |
| <input checked="" type="checkbox"/> | | 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): _____

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Section 9. Seller has has not attached a survey of the Property.

Section 10. 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 11. Check any tax exemption(s) which you (Seller) currently claim for the Property:

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

Section 12. Have you (Seller) ever filed a claim for damage, other than flood damage, to the Property with any insurance provider? yes no

Section 13. 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 14. 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): HOUSE HAS SMOKE DETECTORS. I ASSUME THEY COMPLY WITH THIS CODE, BUT NOT CERTAIN. MY BUILDER INSTALLED THEM

*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.

Signature of Seller Bob Galatas Date 1/13/24 Signature of Seller _____ Date _____

Printed Name: BOB GALATAS FOR JOHNSON'S CROSSING, LLC Printed Name: _____

(TXR-1406) 09-01-19 Initialed by: Buyer: _____ and Seller: [Signature] Page 5 of 6

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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: _____	phone #: _____
Sewer: _____	phone #: _____
Water: _____	phone #: _____
Cable: _____	phone #: _____
Trash: _____	phone #: _____
Natural Gas: _____	phone #: _____
Phone Company: _____	phone #: _____
Propane: _____	phone #: _____
Internet: _____	phone #: _____

- (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) 09-01-19 Initialed by: Buyer: _____, _____ and Seller:  _____ Page 6 of 6



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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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: TWO SPRAYS ON LEFT SIDE OF BACKYARD Unknown
- (4) Installer: CONROE SEPTIC Unknown
- (5) Approximate Age: 3 YRS 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: CONROE SEPTIC
Phone: 936-588-1170 contract expiration date: RENEWED ANNUAL CONTRACT A FEW MONTHS AGO
Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard on-site sewer facilities.)
CONTRACT TERM IS 12 MONTHS 10/27/23 - 10/27/24
- (2) Approximate date any tanks were last pumped? N/A
- (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
I HAVE INFO FOR A NEW AIR COMPRESSOR THAT WAS INSTALLED 11/27/23 (BOOKLET)

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
ALSO INCLUDED IS THE INVOICE FOR ORIGINAL INSTALLATION
- (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.

Information about On-Site Sewer Facility concerning 24550 JOHNSON RD, MONTGOMERY TX 77356

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.

Bob Galutras 1/13/24
 Signature of Seller Date

 Signature of Seller Date

Receipt acknowledged by:

 Signature of Buyer Date

 Signature of Buyer Date

MONTGOMERY COUNTY DEVELOPMENT PERMIT STRUCTURE

501 N Thompson Ste 100

Conroe, TX 77301

(936) 539-7836

PERMIT NO. 172702-20

HODGE/MASON # 8.2

CLERK LK

CLASS A WITH SEPTIC

STATE OF TEXAS }
COUNTY OF MONTGOMERY }

This notice confirms that this CLASS A WITH SEPTIC permit was issued to:
Applicant: CONLEY, DILLON Owner: JOHNSONS CROSSING LLC
on 29 MAY 20 in Montgomery County, Texas and is NONTRANSFERABLE. This permit
authorizes the permittee to construct, install or make improvements to a
R-SINGLE FAMILY HOUSE on the following described property:

Legal Description: 90.77AC O/O CF 9422143,9406029,&9712817

Nearest Major Road: FM 1097

REQUIRED CULVERT SIZE:

FLOOD INSURANCE ZONE: X

FLOODPLAIN DETERMINATION IS FOR PERMITTING PURPOSES. OFFICIAL
DETERMINATIONS ARE MADE FEMA.

Application for this permit has been reviewed by the Permit Office
and it has been determined that the property where construction and/
or improvements will be made is above the base flood elevation. The permittee
is therefore, authorized to proceed with the development.

Prior to beginning work, a copy of the permit
must be posted at the location where it can be viewed from the nearest road.
It must be protected from the weather and secure from vandalism and will
remain posted until construction is completed. Montgomery County recommends
finished floor/slab be constructed 12 inches above natural ground.
Permit expires if construction does not begin within 180 days.

Phil D. Jones
Phil D. Jones, CFM
Manager Permits

Notes:

The requirements for the onsite sewage facility are based on the site
evaluation performed by DILLON W. CONLEY on 08 MAY 2020.

Ground water encountered: . Soil:
90.77 Acres 2325 Sq. Ft. of Living Area 2 No. of Bedrooms
.045 Application Rate PRIVATE WELL

MINIMUM REQUIREMENTS:

- Total capacity of Tanks in Gallons: 750 Gallons. Max GPD :240
MINIMUM SQUARE FOOTAGE OF SPRAY AREA REQUIRED: 5333 SQ. FT.
- System Type: SURFACE APPLICATION Designed By: WES HUBERT
The construction, installation or substantial modification of a private
sewage facility shall be made in accordance with the approved design and
requirements of the Permit to Construct.
- ANY CHANGES TO EQUIPMENT SPECIFIED OR GPD WILL REQUIRE OFFICE APPROVAL
PRIOR TO INSPECTION
MAINT. AGREEMENT REQUIRED PRIOR TO INSPECTION. FAX 936-788-8388

NOTE: Authorization to construct Septic System expires: 29 MAY 2021
Re-application will be required if septic system has not been installed by the
above date. Licensed installer or apprentice must be on site for inspection.

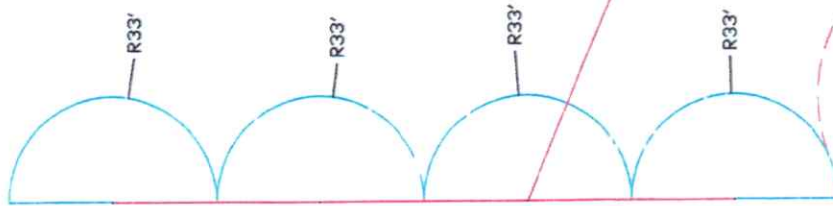
Approved by *Nyla Dalhaus DR 29143* . Date: 6-4-20

NOTE REGARDING SEPTIC SYSTEMS: This Development Permit is an authorization to
CONSTRUCT a septic system. In order to obtain a NOTICE OF APPROVAL for this
septic system, a final inspection and approval by the Montgomery County
Environmental Health Department will be required.

SLOPE PATTERN = FLAT

EXPANDED VIEW

05-20-2020

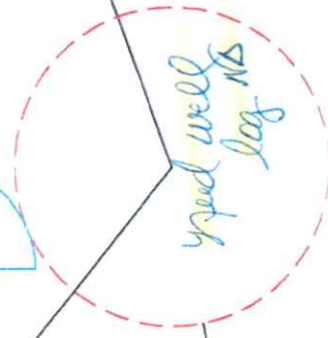
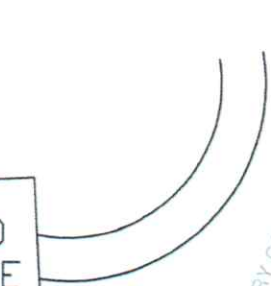


EXISTING WELL

PROPOSED RESIDENCE

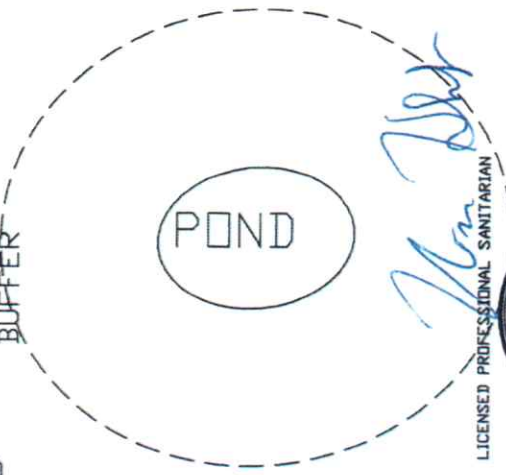
C/D

TANK



50' POND BUFFER

POND



Handwritten signature

LICENSED PROFESSIONAL SANITARIAN



MONTGOMERY COUNTY INTERPOSES NO OBJECTIONS PROVIDED THE SYSTEM IS INSTALLED IN ACCORDANCE WITH THESE PLANS. Any changes to EQUIPMENT SPECIFIED OR G.S.D. WILL REQUIRE OFFICE APPROVAL PRIOR TO INSPECTION.

Permit # 172102-20 DATE 2/13/20 INITIALS NS 6-4-20

DESIGNER: VES HUBERT	SURVEY:
PHONE #: (936) 597-5558	ABSTRACT:
FAX #: (936) 597-8332	ACREAGE:
DATE: 01-07-20	TRACT:
SCALE: 1" = 60'	SECTION:
NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
SUBDIVISION:	
COUNTY: MONTGOMERY	

2758.15'

211.76' 100.46' 197.81' 103.03'

F.M. ROAD 1097

899.25'

152.29'

207.97'



Sterlingseptic57@gmail.com
DESIGNER: Wes Hubert
PHONE #: (936) 597-5558
FAX #: (936) 597-8332
DATE: 05-17-2020

MONTGOMERY COUNTY INTERPOSES NO
OBJECTIONS PROVIDED THE SYSTEM IS
INSTALLED IN ACCORDANCE WITH THESE PLANS.
Permit # 172702-20
Any changes to equipment, materials, or GSD will
REQUIRE office APPROVAL PRIOR TO INSPECTION.
Date 6-4-20

1165.84'

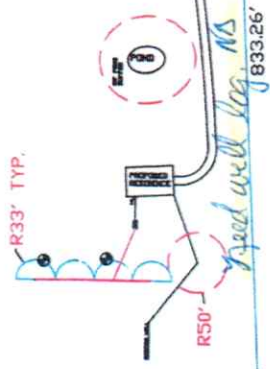
JOHNSON ROAD

415.48'

1048.48'

374.36'

827.36'



LEGEND:
TANKS = 500 gal. PRETREATMENT TANK
500 G.P.D. AEROBIC TREATMENT UNIT
750 gal. PUMP TANK w/ CHLORINATOR
C/D = 2 WAY CLEAN-OUTS AT ALL STUB-OUTS FROM HOUSE
1 WAY CLEAN-OUTS EVERY 100' AND AT EVERY 90°
TURN IN DIRECTION
--r = RADIAL DISTANCE INDICATED ABOVE
--o = BORE HOLE SITE

CALCULATION SUMMARY:
TOTAL NUMBER OF BEDROOMS: 2 (UNDER 2,500 sq.ft.)
Q = 240 G.P.D. (300 G.P.D. MINUS 20% FOR LFF)
APPLICATION RATE: 0.045 gal./sq.ft./DAY
TOTAL SPRAY AREA DESIGNED = 5,333 sq.ft.
TOTAL SPRAY AREA REQUIRED = 6,840 sq.ft.
INSTALL 4 PURPLE TOP SPRAY HEADS WITH APPROPRIATE, LOW ANGLE NOZZLES
HEADS SHALL NOT EXCEED 40 p.s.i. WITH INSTALLED NOZZLES TO SPRAY A 33'R
SPRINKLER TIMER SHALL BE SET TO SPRAY BETWEEN MIDNIGHT AND 500 A.M.
INSTALL A 0.5 h.p. BLASTER 12 G.P.M. SUBMERSIBLE PUMP (DR EQUIV.)

NAME: JOHNSON CROSSING LLC
ADDRESS: TBD JOHNSON ROAD
CITY, STATE, ZIP: MONTGOMERY, TX. 77356
SUBDIVISION: N/A
COUNTY: MONTGOMERY
SURVEY: INV000
ABSTRACT: 604
ACREAGE: 90.77

Conroe Septic Service, Inc.

P.O. Box 273
 Conroe, TX 77305
 (936) 597-5530

Invoice

Date	Invoice #
10/29/2020	33043

Bill To
Galatas, Bob Job Location: 24700 Johnson Rd Montgomery, TX 77356

P.O. No.	Terms

Quantity	Description	Rate	Amount
	Installed Aerobic Wastewater System: 1-500 gal. Pre-Treatment Tank 1-500 gal. Aerobic Plant 1-750 gal. Pump Tank Sprinklers as designed Norweco Tablet Chlorinator 1/2 HP Step20 Spray Pump HiBlow HP-80 Air Compressor 2-year Service & Warranty *Aerobic system will need a 110V electrical line provided to the exterior of the building where the tanks will be set* *If the system is wired to a 220V circuit, we will not be held liable for any damages that may occur and it will void the manufacture warranty* *We are not responsible for dirt settling around tanks after the system has been covered at the final inspection* *Leftover dirt will be piled up next to the tank hole* *We do not provide dirt haul off* *We do not provide landscaping* There will be a 2.5% processing fee on all credit/debit card transactions. American Express not accepted.	5,800.00	5,800.00

Thank you for your business.	Total	\$5,800.00
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Conroe Septic Service Inc.
P.O. Box 1071
Montgomery, TX 77356

Phone: (936) 597-5530

Date Printed: 8/28/2023

laura@conroesepticservice.com

Customer ID: 24861

Site Address: 24700 Johnson Rd, Montgomery, TX 77356

Area: 2

County: Montgomery

To: Bob Galatas
24550 Johnson Rd
Montgomery, TX 77356

Main Phone

(281) 610-1798

Email: bobgalatas@gmail.com

Installed by: Conroe Septic Service Inc.
Contract with: Conroe Septic Service Inc.
Treatment Type: Aerobic / Disposal: Surface Irrigation
MFG: / Brand: Aqua Safe 500 / S#:
Disinfectant: Chlorine

Install: 10/27/2020
Warranty End: 10/27/2022

Contract Period

10/27/2023

through

10/27/2024

Permit #: 172702-20

Agency: Montgomery County Environmental Health

3 visits per year - one every 4 months

This is to Certify that the above RESIDENTIAL sewage system has a RENEWED inspections agreement per Texas Commission on Environmental Quality (TCEQ) standards for on site sewerage facilities as required.

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.

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, sprinkler or drip backwash.

We will visit your site within 48 hours of you notifying us of a problem.

Contract is non refundable. Contract can be canceled due to non payment of repairs.

Philip Whitley is certified by the manufacturer of your system.

The air filter and drip filters (if applicable) will be cleaned at each visit.

This agreement does not include the cost of repairs, chlorine, or any unscheduled visits.

BOD/TSS testing will be at an additional cost. These tests are for commercial contracts (which include systems that were permitted for a rent house or with multiple hook-ups).

Certified Inspector: Philip Whitley
Philip Whitley - MP1048

Date: SEP 18 2023

Home Owner: BOB GALATAS
Print Name

Date: 9-10-23

Phone: _____

Email Address: _____

Owner Signature: Bob Galatas