

TEXAS ASSOCIATION OF REALTORS®
INFORMATION ABOUT ON-SITE SEWER FACILITY

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18708 Angel Mountain Dr
Leander, TX 78641-3822

CONCERNING THE PROPERTY AT

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

- (1) Type of Treatment System: ☒ Septic Tank ☐ Aerobic Treatment ☐ Unknown
- (2) Type of Distribution System: DRAIN FIELD TRENCH ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: IN FRONT BETWEEN CRUSHED GRANITE PARKING AREA AND TREE LINE. IN CLEAR AREA ☐ Unknown
- (4) Installer: _____ ☐ Unknown
- (5) Approximate Age: 12 YEARS ☐ 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? 6/17
- (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.



SEPTIC SERVICE • VACUUM PUMPING
P.O. BOX 545, CEDAR PARK, TX 78630-0545
Off. 512-258-4000 Fax 512-401-2777
Toll Free 1-877-335-8844
www.ALLCENTEX.com

Authorization Form -ACT01

Customer Name: David Carter Location Address: _____
Billing Address: 15208 S. 14th St. _____
City, State, Zip: Irving, TX 76039 City, State, Zip: _____
Phone Number: 714 744 6572 (if it differs from Billing Address) _____

I accept all charges stemming to or from the services being provided for the pumping of the septic system located on the property listed above.

Fees-

- Septic Tank Pumping - Base Price \$ 400.00
 - Grease Trays - Base Price \$ _____
Disposal \$ _____ per gal
 - Extra Pumping - \$ _____ every 15 mins.
 - Any Digging - \$ _____ every 15 mins.
 - Extra Gallons - \$ _____ (up to 3500 gal.)
 - (1750 gallons included with base)
 - 250 xg - \$75
 - 500 xg - \$125
 - 750 xg - \$175
 - 1000 xg - \$225
 - Service Call - \$ _____
 - Pump Replacement - \$ _____
- Comments: _____

Hazards-

We are not responsible for any damages that may occur to any Overhead / Under-ground Hazards, i.e., wiring, water lines, cabling, sidewalks, trees, gates, and any known or unknown hazards that may exist.

I acknowledge and authorize all fees associated with the septic pumping service.

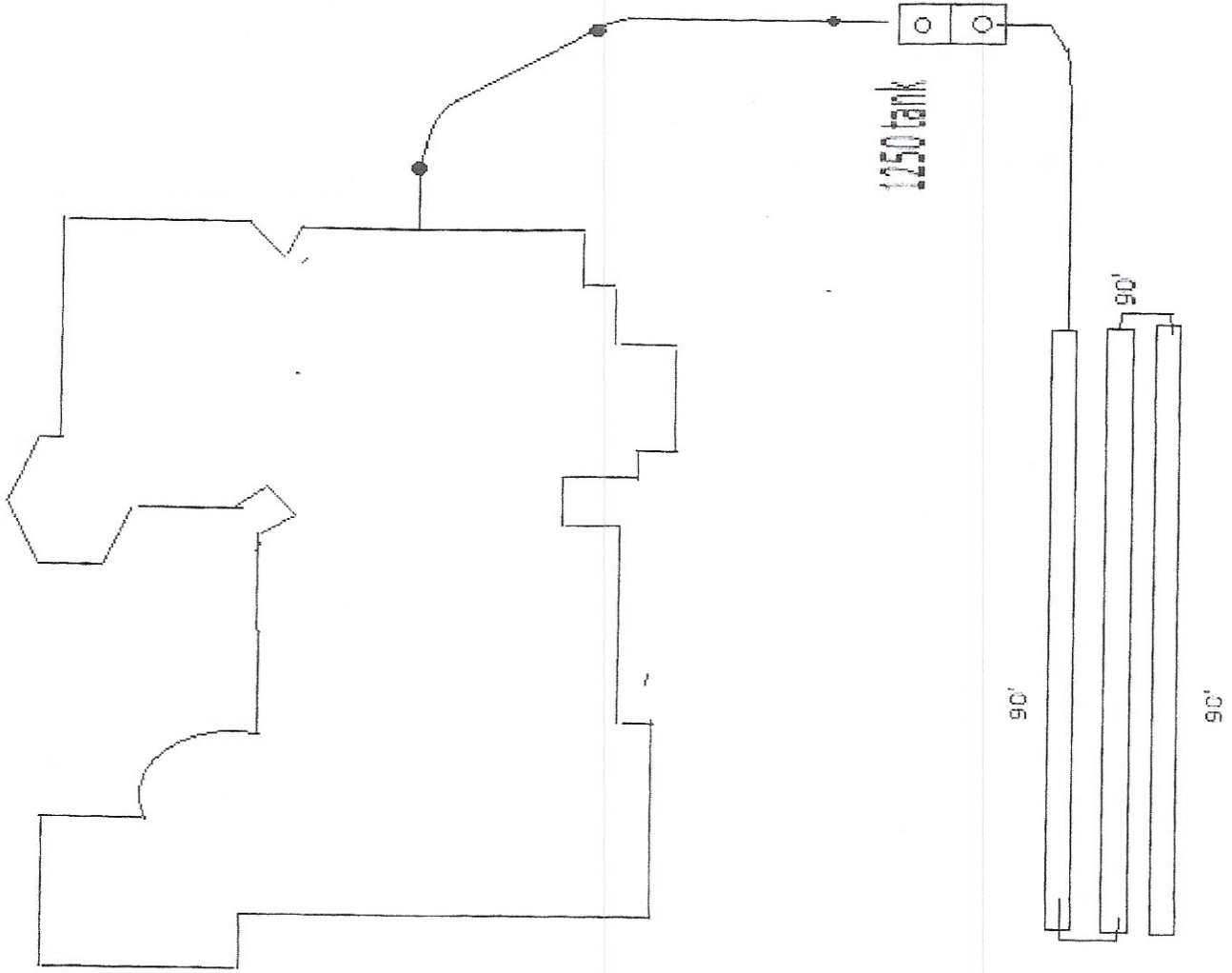
Client Signature: _____ Date: 12-17-12

20186

360GPD

Class III soil

Safe 41111
Dismantled





Lower Colorado River Authority

Post Office Box 220 Austin, Texas 78767 • (512) 473-3200 • Fax (512) 473-3501

REINSPECTION REPORT

Date sent to inspector: 4/3/2014

Application No. 20186

Zone:

Owner: SMITH BRANDEE

Subdivision: LONE MOUNTAIN RANCH Section: Block: Lot: 25

Number of bedrooms: 5

Application Number on meter: _____

TANK INSPECTION:

Visual X Not required to be uncovered _____ Tank size(s) 1250

Tank Type: Concrete Pump Tank: N/A Alarm Activated: Yes No

Tank(s) in need of pumping: Yes _____ No X Tank watertight: Yes No

Comments: valid pump & 9.14.14 tank work
that pump & 3.14 tank not needed

DRAINFIELD INSPECTION:

Field area size: 1200 Field Type: Trench Site hole: Yes _____ No X

Type of vegetation on field surface: Grass

Distance of drainfield to water lines: 10' Water wells: _____ Lakeshore: _____

Distance of septic tank to water lines: 10' Water wells: _____ Lakeshore: _____

System enlarged since last inspection: Yes _____ No X If yes, describe: _____

Property in use: Yes X No _____ Indication of vacancy: Spice to owner

Retrofit with low-flow water conserving devices: Yes _____ No _____

Water supply: Public (list name) _____

Private: Water well X Draw from lake _____

Surfacing Effluent: Yes _____ No X If yes, describe extent: _____

Point source discharge on ground surface: Yes _____ No X Source: _____

Pictures taken: Yes _____ No X If ponding describe extent: _____

Soil over drainfield saturated (effluent is not surfacing): Yes _____ No X

Odors present: Yes _____ No X Mosquitoes or flies present: Yes _____ No X

Additional comments by inspector: _____

Comments: Field hole inspected
4-3-14 Kay Young 2014

Date: 4-11-2014 Inspector: D. Young

WATERFRONT LOT:

Boat Dock or Pump House: Y/N
Pump Visible: Y/N
Pipe Visible: Y/N
Watering: Y/N

OFF WATER LOT: X