

## 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 422 COUNTY ROAD 3425, CLIFTON, TX

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

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

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

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

(TXR-1406) 09-01-19

Initialed by: Buyer: \_\_\_\_\_ and Seller: BP JP

Concerning the Property at 422 COUNTY ROAD 3425 CLIFTON, TX

Underground Lawn Sprinkler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	automatic	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: CHILDRESS CREEK WATER

Was the Property built before 1978?  yes  no  unknown  
 (If yes, complete, sign, and attach TXR-1906 concerning lead-based paint hazards).

Roof Type: ASPHALT SHINGLES Age: 1 YEAR (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"/>			

Concerning the Property at 422 COUNTY ROAD 3425 CLIFTON, TX

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 (if yes, attach TXR 1414).
- 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 (if yes, attach TXR 1414).
- Previous water penetration into a structure on the Property due to a natural flood event (if yes, attach TXR 1414).
- Located  wholly  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).
- Located  wholly  partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded)).
- Located  wholly  partly in a floodway (if yes, attach TXR 1414).
- 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): \_\_\_\_\_

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

*\*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.)**

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.

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

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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
- Wildlife Management
- Other: \_\_\_\_\_
- Senior Citizen
- Agricultural
- Disabled
- Disabled Veteran
- 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): \_\_\_\_\_

*\*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: Brian Portwood Date: 5/4/22 Signature of Seller: Sheila Portwood Date: 5/4/22

Printed Name: BRIAN PORTWOOD Printed Name: Sheila Portwood

(TXR-1406) 09-01-19 Initialed by: Buyer: \_\_\_\_\_ and Seller: BP SP Page 5 of 6

Concerning the Property at 422 COUNTY ROAD 3425 CLIFTON, TX

**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/SexOffenderRegistry>. 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>HEART OF TEXAS ELECTRIC</u>	phone #:	<u>254-840-2871</u>
Sewer:	<u>N/A</u>	phone #:	_____
Water:	<u>CHILDRESS CREEK WATER</u>	phone #:	<u>254-675-2603</u>
Cable:	<u>N/A</u>	phone #:	_____
Trash:	<u>N/A</u>	phone #:	_____
Natural Gas:	<u>N/A</u>	phone #:	_____
Phone Company:	<u>N/A</u>	phone #:	_____
Propane:	<u>N/A</u>	phone #:	_____
Internet:	<u>N/A</u>	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: _____	



# 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 422 COUNTY ROAD 3425 CLIFTON, 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: \_\_\_\_\_  Unknown
- (3) Approximate Location of Drain Field or Distribution System: NORTH OF HOUSE  Unknown
- (4) Installer: TRACY BACCLUS  Unknown
- (5) Approximate Age: 1 1/2 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: TRACY BACCLUS  
Phone: 817-703-2139 contract expiration date: 9-14-2022  
*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? NEVER
- (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.**







# Information About Brokerage Services

Texas law requires all real estate licensees to give the following information about brokerage services to prospective buyers, tenants, sellers and landlords.

### TYPES OF REAL ESTATE LICENSE HOLDERS:

- A **BROKER** is responsible for all brokerage activities, including acts performed by sales agents sponsored by the broker.
- A **SALES AGENT** must be sponsored by a broker and works with clients on behalf of the broker.

### A BROKER'S MINIMUM DUTIES REQUIRED BY LAW (A client is the person or party that the broker represents):

- Put the interests of the client above all others, including the broker's own interests;
- Inform the client of any material information about the property or transaction received by the broker;
- Answer the client's questions and present any offer to or counter-offer from the client; and
- Treat all parties to a real estate transaction honestly and fairly.

### A LICENSE HOLDER CAN REPRESENT A PARTY IN A REAL ESTATE TRANSACTION:

**AS AGENT FOR OWNER (SELLER/LANDLORD):** The broker becomes the property owner's agent through an agreement with the owner, usually in a written listing to sell or property management agreement. An owner's agent must perform the broker's minimum duties above and must inform the owner of any material information about the property or transaction known by the agent, including information disclosed to the agent or subagent by the buyer or buyer's agent.

**AS AGENT FOR BUYER/TENANT:** The broker becomes the buyer/tenant's agent by agreeing to represent the buyer, usually through a written representation agreement. A buyer's agent must perform the broker's minimum duties above and must inform the buyer of any material information about the property or transaction known by the agent, including information disclosed to the agent by the seller or seller's agent.

**AS AGENT FOR BOTH - INTERMEDIARY:** To act as an intermediary between the parties the broker must first obtain the written agreement of each party to the transaction. The written agreement must state who will pay the broker and, in conspicuous bold or underlined print, set forth the broker's obligations as an intermediary. A broker who acts as an intermediary;

- Must treat all parties to the transaction impartially and fairly;
- May, with the parties' written consent, appoint a different license holder associated with the broker to each party (owner and buyer) to communicate with, provide opinions and advice to, and carry out the instructions of each party to the transaction.
- Must not, unless specifically authorized in writing to do so by the party, disclose:
  - that the owner will accept a price less than the written asking price;
  - that the buyer/tenant will pay a price greater than the price submitted in a written offer; and
  - any confidential information or any other information that a party specifically instructs the broker in writing not to disclose, unless required to do so by law.

**AS SUBAGENT:** A license holder acts as a subagent when aiding a buyer in a transaction without an agreement to represent the buyer. A subagent can assist the buyer but does not represent the buyer and must place the interests of the owner first.

### TO AVOID DISPUTES, ALL AGREEMENTS BETWEEN YOU AND A BROKER SHOULD BE IN WRITING AND CLEARLY ESTABLISH:

- The broker's duties and responsibilities to you, and your obligations under the representation agreement.
- Who will pay the broker for services provided to you, when payment will be made and how the payment will be calculated.

**LICENSE HOLDER CONTACT INFORMATION:** This notice is being provided for information purposes. It does not create an obligation for you to use the broker's services. Please acknowledge receipt of this notice below and retain a copy for your records.

<b>COBB PROPERTIES</b>	<b>0354878</b>	<b>cobbproperties@yahoo.com</b>	<b>(972)989-5220</b>
Licensed Broker /Broker Firm Name or Primary Assumed Business Name	License No.	Email	Phone
Designated Broker of Firm	License No.	Email	Phone
Licensed Supervisor of Sales Agent/ Associate	License No.	Email	Phone
<b>Tai Cobb Klam</b>	<b>0594871</b>	<b>taiklam@yahoo</b>	<b>(254)253-0157</b>
Sales Agent/Associate's Name	License No.	Email	Phone
	<i>BP HP</i>	<i>5/4/2015</i>	
	Buyer/Tenant/Seller/Landlord Initials	Date	

Regulated by the Texas Real Estate Commission

Information available at [www.trec.texas.gov](http://www.trec.texas.gov)



## Bosque County

110 S MAIN  
MERIDIAN, TX 76665  
Phone: (254) 435-6621  
Fax: (254) 435-2152

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

**Permit #: 018-2123**

---

Location: 422 CR 3425, CLIFTON TX 76634

Block: Lot:

Owner: PORTWOOD, BRIAN

Mailing address: 422 CR 3425 CLIFTON TX 76634

Permit Date: 9/9/2020

Phone: (817) 475-7107

The above site meets or exceeds the basic requirements established by the Agency.

LICENSE TO OPERATE this facility is hereby granted to the owner. This license simply grants permission to operate this facility; it does not guarantee its successful operation. Routine maintenance and proper functioning are the sole responsibility of the owner. KEEP THIS LICENSE with important papers. You may need it when selling your house or if a malfunction occurs.

THIS LICENSE REMAINS in effect until such time as there is evidence that this facility is not operating properly and may constitute a threat to the health of the people of this Agency.

Alton K Harbison  
OS0029593

A handwritten signature in black ink, appearing to read "Alton K. Harbison".

Agency Official

9-9-2020

Date

# BOSQUE COUNTY - OSSF PROGRAM INSTALLATION INSPECTION SHEET

PERMIT # 018-2132

PROPERTY ADDRESS

422 CR 3425 CLIFTON, Tx.  
911 Address City

<input checked="" type="checkbox"/> Pass / Fail	<u>1</u>	1st	Final - Per design/revision	<input checked="" type="checkbox"/> Pass / Fail	<u>1</u>	1st	Final - Spray lines, heads
<input checked="" type="checkbox"/> Pass / Fail	<u>1</u>	1st	Final - Setbacks	Pass / Fail	<u>1</u>	1st	Final - Hca dpressure
<input checked="" type="checkbox"/> Pass / Fail	<u>1</u>	1st	Final - Cleanout & pipe to tank	Pass / Fail	<u>1</u>	1st	Final - Divorter valve
<input checked="" type="checkbox"/> Pass / Fail	<u>1</u>	1st	Final - Tank (level, bedded, no leaks, markings)	Pass / Fail	<u>1</u>	1st	Final - Trench depth, gravel, fabric
<input checked="" type="checkbox"/> Pass / Fail	<u>1</u>	1st	Final - Electrical, Tag	Pass / Fail	<u>1</u>	1st	Final - Trench level or lateral level
<input checked="" type="checkbox"/> Pass / Fail	<u>1</u>	1st	Final - Alarm (audio / visual)	Pass / Fail	<u>1</u>	1st	Final - Disposal of existing tanks
<input checked="" type="checkbox"/> Pass / Fail	<u>1</u>	1st	Final - Air, area	<input checked="" type="checkbox"/> Pass / Fail	<u>1</u>	1st	Final - Cover

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

**Inspection Details**

Tanks Installed	Serial No. (1)	Gallons	
	Serial No. (2)	Gallons	
	Serial No. (3)	Gallons	

Aeris  
D 06948  
chlor  
200-013436

**Effluent Disposal System**

- ( ) Absorption trenches      Length \_\_\_\_\_ Width \_\_\_\_\_ Sq Ft \_\_\_\_\_
- ( ) Leaching Chambers      Manufacturer: \_\_\_\_\_
- ( ) Graveless Pipe          Length \_\_\_\_\_ Width \_\_\_\_\_ Sq Ft \_\_\_\_\_
- ( ) Soil Substitution With \_\_\_\_\_
- ( ) LPD                          Ln. Ft. \_\_\_\_\_ Sq. Ft \_\_\_\_\_
- ( ) Mound                      Sq. Ft. of Disposal Area \_\_\_\_\_
- (  ) Aerobic unit Aeris      Effluent Disposal Method Spray      # of heads 2      Chlorine - T or 0
- ( ) Evapotranspiration (ET)      Bed \_\_\_\_\_ Trenches \_\_\_\_\_ Sq. Ft. 5652
- ( ) Other \_\_\_\_\_

INSPECTION BY: <u>Kent Harrison</u> OS <u>29593</u>	TYPE <u>DR</u>	PASS/FAIL <input checked="" type="checkbox"/>	DATE <u>9-14-2020</u>
INSPECTION BY: _____ OS _____	TYPE _____	PASS/FAIL _____	DATE _____
INSPECTION BY: _____ OS _____	TYPE _____	PASS/FAIL _____	DATE _____

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

INSTALLER'S NAME Tracy Bacus DATE 9-14-2020

I HEREBY, AS THE INSTALLER OF RECORD, AGREE AND CONFIRM THAT AN OSSF WAS INSTALLED BY ME AT THE NOTED LOCATION PER THE ABOVE INSPECTION DETAILS

INSTALLER'S SIGNATURE Tracy Bacus DATE 9-14-2020



## Bosque County

110 S MAIN  
MERIDIAN, TX 76665  
Phone: (254) 435-6621  
Fax: (254) 435-2152

### OSSF Permit - Maintenance Required Permit #: 018-2123

Location: 422 CR 3425, CLIFTON TX 76634

Block: Lot

Owner: PORTWOOD, BRIAN

Mailing address: 422 CR 3425 CLIFTON TX 76634

Permit Date: 9/9/2020

Phone: (817) 475-7107

This serves to notify all persons that the on-site sewage facility owned by the above has satisfied design, construction and installation requirements of the Texas Commission on Environmental Quality (TCEQ). This TCEQ On-Site Sewage Facility (OSSF) permit is issued for the operation of the above identified OSSF.

LICENSE TO OPERATE this facility is hereby granted to the owner. This license simply grants permission to operate this facility; it does not guarantee its successful operation. Routine maintenance and proper functioning are the sole responsibility of the owner. KEEP THIS LICENSE with important papers. You may need it when selling your house or if a malfunction occurs.

THIS LICENSE REMAINS in effect until such time as there is evidence that this facility is not operating properly and may constitute a threat to the health of the people of Bosque County.

Routine Maintenance is required, the license to operate this system is valid for only 2 years. To renew this license, maintenance contracts, inspection reports, and verification of a properly operating system are required.

ANY ALTERATIONS, EXTENSIONS OR REPAIRS TO THE OSSF WILL REQUIRE A NEW PERMIT. The owner must notify this office of the aforementioned changes.

If you have any questions regarding this process or any related procedures, please contact Kent Harbison at 254-301-8318.

Alton K Harbison  
OS0029593

  
Agency Official

9-14-2020  
Date



Texas Commission on Environmental Quality  
 APPLICATION FOR ON-SITE SEWAGE FACILITY  
 NEW CONSTRUCTION

Bosque  
 TCEQ REGION NUMBER

TCEQ USE ONLY
<u>018-2123</u>
APPLICATION NO.
<u>9-9-20</u>
DATE RECEIVED
<u>\$585.00</u>
AMOUNT

COUNTY OF INSTALLATION

1. PROPERTY OWNER'S NAME: Portwood Brian  
(Last) (First) (Middle)
2. CURRENT MAILING ADDRESS: 422 CR 3425 Clifton, Tx
3. HOME PHONE NO.: (817) 475-7107 OTHER or FAX NO.: ( )
4. 911 SITE ADDRESS: 422 C.R. 3425 Clifton, Tx 76134
5. PROPERTY LEGAL DESCRIPTION: J. Smith Survey Abst # A0732  
 Acreage: 2.59 Plat Date: \_\_\_\_\_ Subdivision name (if applicable): \_\_\_\_\_

PLEASE ATTACH VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY, OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION

6. DIRECTIONS TO SITE: Hwy 22 to F.M. 209. 209 Turn Left by Church on CR 3425 Curve to left 1 House on left.
7. SOURCE OF WATER:  Private Well  Public Water Supply Clifton  
(Name of Supplier)
8. SINGLE FAMILY RESIDENCE: No. of Bedrooms: 3 Living Area (ft<sup>2</sup>): 1503
9. COMMERCIAL/INSTITUTIONAL (other than single-family residence) TYPE: \_\_\_\_\_  
 BUSINESS / INSTITUTION NAME: \_\_\_\_\_  
 RESPONSIBLE OFFICIAL: \_\_\_\_\_ NO. OF EMPLOYEES/UNITS: \_\_\_\_\_
10. SITE EVALUATOR: Bruce Grand-Petersen LICENSE NO. SE-27616  
 PHONE NO.: (817) 994-0095 OTHER or FAX NO.: ( ) \_\_\_\_\_  
 MAILING ADDRESS: 1615 Lakewood CITY: FTW STATE: TX ZIP: 76103
11. INSTALLER: Tracy Barcus LICENSE NO.: OS 21673  
 PHONE NO.: (817) 703-2139 OTHER or FAX NO.: ( ) \_\_\_\_\_  
 MAILING ADDRESS: 1020 HCR 1425 CITY: Lovington STATE: TX ZIP: 76136

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Texas Commission on Environmental Quality to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

SIGNATURE OF OWNER: [Signature] DATE: Aug 27, 2020

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

Texas Commission on Environmental Quality

ON-SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR PERMIT

PROFESSIONAL DESIGN REQUIRED?:  Yes  No If yes, professional design attached:  Yes  No

Designer Name: Bella Conrad-Petersen License Type and No. RSII-4024

Phone No. (817) 994-0095 Other or Fax No. ( - ) -

Mailing Address: 1615 Lynhaven Rd City: FTW State: TX Zip: 76103

I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)

Stub out to treatment tank: SDR 26 or Sch 40 3" or 4" PVC

Treatment tank to disposal system: 3/4" or 1" sch 40 purple PVC

II. DAILY WASTEWATER USAGE RATE: Q= 240 (gallons/day)

Water Saving Devices:  Yes  No

III. TREATMENT UNIT(S):  Septic Tank  Aerobic Unit

A. Tank Dimensions: 13X6X6 • Liquid Depth (bottom of tank to outlet): 62

• Size Proposed: 500 (gal) • Manufacturer: Aeris

• Material/Model #: Aeris-J series

• Pretreatment Tank:  Yes SIZE: 500 (gal)  No  NA

• Pump/Lift Tank:  Yes SIZE: 500 (gal)  No  NA

B. OTHER  Yes  No If yes, please attach description.

IV. DISPOSAL SYSTEM:

Disposal Type: SPRAYFIELD

Manufacturer and Model: Krain ProFls

Area Proposed: 5652 square feet

V. ADDITIONAL INFORMATION:

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED

A. Soil/Site evaluation B. Planning materials (If Applicable)

**DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT. UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.**

SIGNATURE OF INSTALLER OR DESIGNER: [Signature]



DATE: 1/20/20

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at your local regional office or at 512/239-3799. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SITE EVALUATION AND PLANNING MATERIALS FOR AN ON-SITE SEWAGE FACILITY

The following information must be submitted with the design package for review by the TCEQ.  
Failure to include or address all of the following items may result in approval delays.

Application No. \_\_\_\_\_

Applicant/Site Information		Site Evaluator Information	
Name	Brian Portwood	Name	Becca Grassl-Petersen
Address	422 CR 3425	Address	1615 Lyntown
City, State, Zip	Clifton, TX	City, State, Zip	FTW, TX 76103
Phone No.	817475-7107	Phone No.	817 594.0055
County	Bosque	License No.	27616

Additional information:

**SITE EVALUATION:** A minimum of two soil borings or backhoe pits must be excavated at opposite ends of the proposed disposal area. The borings or pits must be excavated to a depth of two feet below the proposed excavation, or to a restrictive horizon, whichever is less. The boring or pit locations must be indicated. This report shall include a groundwater evaluation, a surface drainage analysis, and all applicable minimum separation requirements.

**PLANNING MATERIALS:** The proposed treatment and disposal system shall be prepared based on the site evaluation. The submittal requirements must include the following details.

- § A scale drawing of the on-site sewage facility, showing all structures served.
- § Submittals prepared by a professional engineer or professional sanitarian must be sealed, dated, and signed.
- § Proposed designs must comply with all separation distances identified in Table X.
- § A sectional view of the tanks, including pump tanks, and excavations must be submitted.

Soil Boring/Backhoe Pit Number <u>1</u>						
Depth (Feet)	Soil Class	Gravel Analysis	Restrictive Horizon	Groundwater	Topography	Flood Hazard
0						
1						
2	10 clay	n/a	205	N.O.	≈ 2%	none
3						
4						
5						
6						
7						



Soil Boring/Backhoe Pit Number <u>b2</u>						
Depth (Feet)	Soil Class	Gravel Analysis	Restrictive Horizon	Groundwater	Topography	Flood Hazard
0						
1						
2	<u>TU</u> <u>Clay</u>	<u>N/A</u>	<u>Yes</u>	<u>N.O.</u>	<u>c = 2%</u>	<u>None</u>
3						
4						
5						
6						
7						

**Schematic of Lot or Tract / Site Drawing**



Scale: 1 inch = 50 feet/or appropriate

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

Signature: [Handwritten Signature]  
(Site Evaluator)

Date: 8/26/2020



**Becca Grassl-Petersen, R.S II**

Professional Sanitarian #4024

1615 Lynnhaven Road

Fort Worth, TX 76103

817.994.0095/beccagp9@gmail.com

Date: 08/26/2020

**Design Purpose:** Proposed Residential Onsite Sewage Facility:

**Location of Proposed Onsite Sewage Facility:** 422 County Road 3425, Bosque County, TX

**Designed for:** Tracy Baccus (Installer)

*The following information is designed in accordance with TAC 285 for the location intended.*

**Number of Bedrooms:** 3 w/water saving devices

**Square Footage:** 1500

**Soil Type:** Class IV/Rock

**Site Evaluation:** This site is suitable to support vegetation

**Estimated Daily Flow:** 240

**Loading Rate:** .064

**Disposal Area Required:** 3750sqft

**Disposal Area Proposed:** 5652sqft, 2-30' 360degree sprayheads

**Primary water source:** Well

**Minimum Requirements for System Installation:**

**Sewer Cleanout:** Double

**Sewer Pipe:** 3" Schedule 40 PVC from building to tank inlet

**Sewer Pipe Slope:** 1/8 per foot of fall

**Tank Installation:** If needed, follow specifics from TAC 285.32 (F);

4" Class III Soil pad below tanks

All tanks with ground surface risers must have double lids for protection from unauthorized access

All tanks must be watertight

Private water lines within 10' of the tanks must be sleeved or moved to adhere to 10' setback

OSSF Manufacturer/Model: ~~Amphlett AK-1500C~~

Aeris 5 series

**Primary Tank:**

**Proposed:** >=300gallon; **Actual:** 500gallons

TAC 285.32 required inlet/outlet devices used

**Aerobic Class I Tank:**

**Proposed:** 500gallon; **Actual:** 500

NSF Approved

See manufacturer's specifications

**Inline Chlorinator(s):** installed post aerobic unit; liquid or tablet fed; must be NSF approved

**Pump Tank:**

**Proposed:** 500gallon; **Actual:** 500gallons

All electrical wiring must meet the National Electric Code requirements

All electrical components must be contained in a code approved watertight electrical grade box

All wiring must be contained in code approved rigid, non-metallic grey conduit

1/2 hp

Manual override

Mercury floats on a separate circuit from the pump

Wall mounted electrical components are to be in site of the pump tank with an electrical disconnect

Visual and audible highwater alarm required

Dosing Volume: 150 gallons

Timer: no

For more specifications see TAC 285.34(c)



**Pipes and Fittings:**

Schedule 40 PVC for sewer line is required

Between tanks: SDR 35 is allowed

Disposal line from the treated effluent pump tank: Schedule 40 PVC 3/4" purple pipe is required

One foot of separation below any water line

Disposal line is to be a depth of 12 inches to avoid freezing

Private water lines within 10' of sewer manifold must be sleeved or moved to adhere to 10' setback

**Sprinkler Heads:**

Low angle (13 degree), non-aerosol nozzles are to be used

Purple colored tops

Heads are to be installed at grade and protected, if need be from hooved animals or mowers

A check valve is required to prevent back flow into the pump tank

Natural grasses are to be mowed and maintained in the disposal field year round

**Important Facts:**

-Grease, oil, bleach, medications and other non-biodegradable products or hazardous compounds and chemicals are to be avoided at all cost to protect the integrity of this system. Failure to comply could result in costly damage to the system and legal action against the operator by the permitting authority.

-Avoid hydraulic overuse, stay with in permitted daily flow

-Only septic system approved chlorine is allowed in the chlorinator

-Chlorine residual is to be maintained at 1.0mg/l at all times

-pH is to be maintained between 7 and 8

-Water saving devices are required

-Sludge pumping is recommended every 3 to 5 years

-Do not build on, drive on or torture this system in any way

-Any other requirements or recommendations set forth by the manufacturer or permitting authority to protect the health and safety of humans and the environment

Contact your permitting authority for service contract requirements in your area.

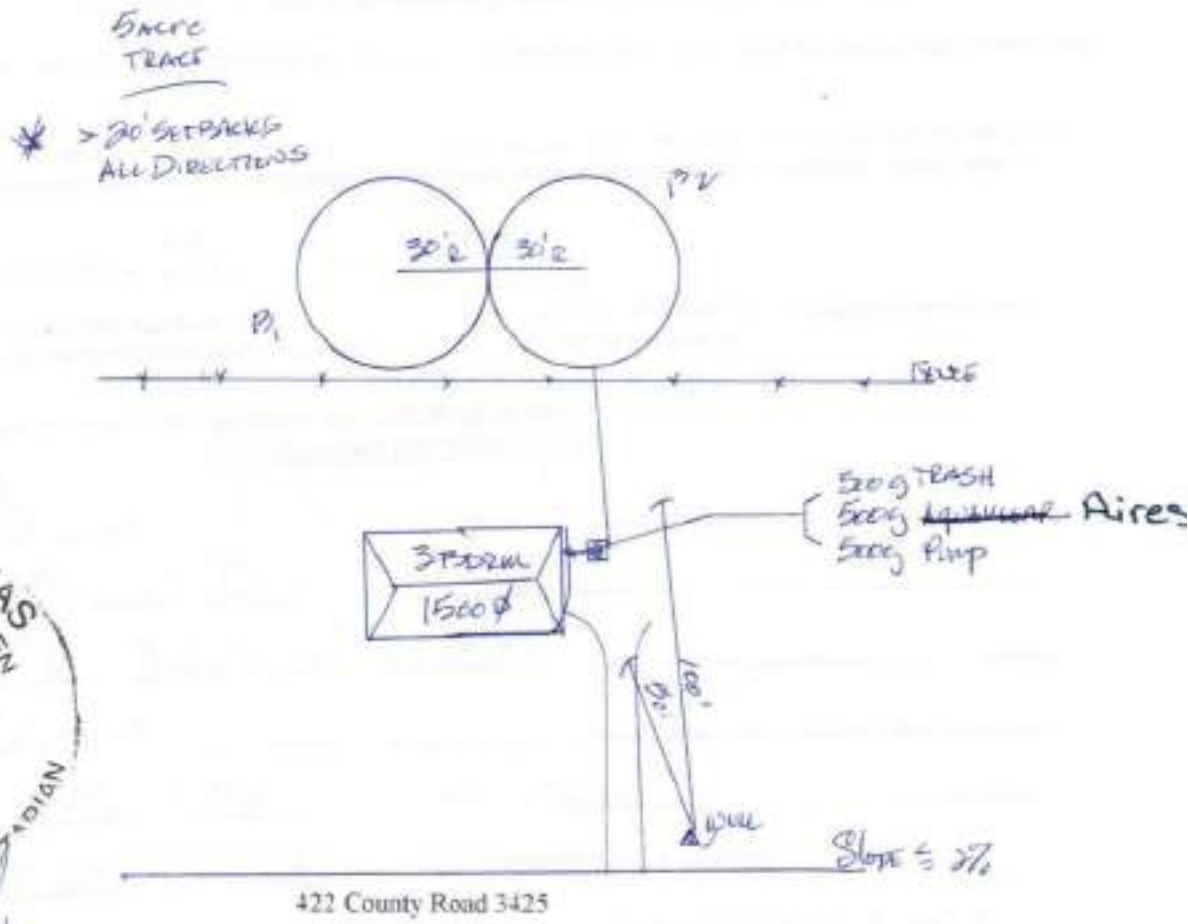
*Due to the unpredictable habits of humans and the ways of nature, this design is not guaranteed. Any changes to this design may require additional charges.*



Becca Grassl-Petersen  
Registered Sanitarian II, #4024



08/26/2020  
Scale: 1" = 60'



Becca Grassl-Petersen,  
Registered Sanitarian II-#4024

PERMIT # \_\_\_\_\_

Baccus Backhoe and Septic

1020 HCR 1425 Covington

Company Name

817 703-2139

Company Address

Company phone

fax

817 703-2139

Tracy Baccus

Emergency Phone

Emergency Contact

INITIAL TWO-YEAR WARRANTY/SERVICE POLICY

BEGINNING DATE: 9-14-2020

ENDING DATE: 9-14-2022

Our firm, Baccus Backhoe will inspect your Aries aerobic septic system, serial number \_\_\_\_\_ for one year from the date of this contract. There will be three inspections made, one every four months from the original date of the contract. Contract fee is 0.00 to be paid in advance by owner.

Effluent quality inspections will include a visual inspection for color, turbidity, sludge build-up, scum overflow, and odor. An onsite chlorine and Ph test will be performed. Mechanical and electrical inspections and services include inspecting aerator, air filter, and alarm panel. Replacing or repairing any component not found to be functioning correctly will be an additional charge.

Upon expiration of this policy, our firm will offer a continuing service policy on a yearly basis to cover labor for normal maintenance and service on a year-by-year basis.

Violations include shutting off the electric current to the system, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

All service calls will be responded to within a 72 hour time period.

Homeowner agrees to maintain a constant supply of chlorine tablets or bleach at all times. If a chlorine test reveals residual lower than the state allows a Grab Test will be performed and chlorine added as needed for an additional charge.

This policy does not include pumping sludge from the unit if necessary.

HOMEOWNER INFORMATION

PRINT OWNER NAME: Brian Portwood

OWNER SIGNATURE: [Signature]

ADDRESS: 422 CR 3425 Clifton

MAILING ADDRESS: Same

HOME PHONE: 817 475-7107

WORK/CELL: \_\_\_\_\_

DATE: Aug 27, 2020

AUTHORIZED TO SERVICE:

SERVICE DEALER & LICENSE #

NAME: Tracy Baccus

SIGNATURE: [Signature]

Service's Name & License # MP11651

Service's Name & License # \_\_\_\_\_

Service's Name & License # \_\_\_\_\_



**LAND TITLE SURVEY OF  
13.59 ACRES OF LAND SITUATED IN THE  
JAMES SMITH SURVEY, A-732  
BOSQUE COUNTY, TEXAS**

**METES AND BOUNDS**

STATE OF TEXAS  
COUNTY OF BOSQUE

**TITLE AND DESCRIPTION** of 13.59 acres of land situated in the James Smith Survey, A-732, in Bosque County, Texas, said 13.59 acres of land being out of and a part of that certain tract of land called to contain 9943 acres of land in a deed recorded July 23, 1996 in the name of DIXON E. SMITH and WILHELY V. SMITH of record in Vol. 1996, Page, Official Public Records of Bosque County, Texas, said 13.59 acres of land was surveyed by H. P. Sweeney, RPLS no. 4548, on July 3, 2008 and is more particularly depicted by metes and bounds as follows:

**REFERENCE** to H 886394360 E 0183855330 set on iron rod found in the northerly line of CR 9425 at the most easterly corner of said 9943 acre tract of land.

**THENCE** in part with the southeasterly line of said 9943 acre tract of land and being the northerly line of said CR 9425, South 57°14'22" West for a distance of 1857.37 feet to a 1/2 inch with red plastic cap marked "RPLS 4548" set at the most southerly corner of said POINT OF BEGINNING of this 13.59 acre tract.

**THENCE** with the southeasterly line of said 9943 acre tract of land and this 13.59 acre tract and being along or near a fence, South 37°07'21" West for a distance of 850.78 feet to a 1/2 inch with red plastic cap marked "RPLS 4548" set at an angle point.

**THENCE** along or near a fence with southeasterly lines of said 9943 acre tract of land and this 13.59 acre tract of land for the following three courses:

1. South 87°28'28" West for a distance of 112.06 feet to an angle point;
2. North 73°34'24" West for a distance of 23.75 feet to an angle point;
3. North 82°28'23" West for a distance of 10.68 feet to a 1/2 inch with red plastic cap marked "RPLS 4548" set at an angle point in the easterly line of CR 9425.

**THENCE** with the easterly line of said CR 9425, same being the southeasterly line of said 9943 acre tract of land and being along or near a fence, North 61°07'36" East for a distance of 336.44 feet to a 1/2 inch with red plastic cap marked "RPLS 4548" set at the most easterly corner of this 13.59 acre tract of land and from which a pin found at the most easterly corner of said 9943 acre tract of land bears North 32°36'45" West a distance of 1177.27 feet.

**THENCE** crossing said 9943 acre tract of land with the southeasterly line of this 1788 acre tract of land and being along or near a fence, North 61°07'36" East for a distance of 336.44 feet to a 1/2 inch with red plastic cap marked "RPLS 4548" set at the most northerly corner of this 13.59 acre tract of land.

**THENCE** along or near fences with the irregular easterly line of this 13.59 acre tract of land for the following nine courses:

1. South 88°08'58" East for a distance of 838.8 feet to an angle point;
2. South 86°48'24" East for a distance of 389.56 feet to a 1/2 inch with red plastic cap marked "RPLS 4548" set for corner;
3. North 68°34'34" East for a distance of 34.57 feet to a 1/2 inch with red plastic cap marked "RPLS 4548" set for corner;
4. South 31°22'28" East for a distance of 156.97 feet to a point for corner;
5. North 87°28'53" East for a distance of 486 feet to a point for corner;
6. South 22°26'10" East for a distance of 31.73 feet to a point for corner;
7. South 57°26'18" West for a distance of 182 feet to a point for corner;
8. South 38°07'07" East for a distance of 67.28 feet to the POINT OF BEGINNING.

**NOTE** - Coordinates, bearings and distances called out hereinabove are grid and are based on the Texas Coordinate System, Central Zone, NAD83.

Surveyed by:


R. P. Shelley, RPLS 4548  
475 CR 4175  
Crainville Gap, Texas 78637  
(254) 253-0946  
Rodeoick1836@gmail.com

DATE OF SURVEY: 3 JULY 2020 ISSUED FINAL  
SURVEY: 6 JULY 2020

R.P. Shelley, RPLS 4548  
475 CR 4175  
Crainville Gap, Texas 78637  
(254) 253-0946  
rodeoick1836@gmail.com

**13.56 Acres Clifton, Texas 76634**  
Bosque County, Texas, 13.56 AC +/-



 Boundary





GEDGS INTERNAL AREA  
TOTAL 1,402 sq ft  
FLOOR 1: 1,340 sq ft

SEE ARCHITECT'S DRAWINGS FOR DIMENSIONS. ACTUAL DIMENSIONS MAY VARY.