



INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT 4839 S HWY 87
Fredericksburg, TX 78624

A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY: *Please See Attached SHFG*

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

_____ Unknown
- (4) Installer: _____ Unknown
- (5) Approximate Age: _____ Unknown

B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? Yes No
If yes, name of maintenance contractor: _____
Phone: _____ contract expiration date: _____
Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard" on-site sewer facilities.)
- (2) Approximate date any tanks were last pumped? _____
- (3) Is Seller aware of any defect or malfunction in the on-site sewer facility? Yes No
If yes, explain: _____

- (4) Does Seller have manufacturer or warranty information available for review? Yes No

C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

- (1) The following items concerning the on-site sewer facility are attached:
 planning materials permit for original installation final inspection when OSSF was installed
 maintenance contract manufacturer information warranty information _____
- (2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
- (3) **It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.**

(TXR-1407) 1-7-04

Initialed for Identification by Buyer _____, _____ and Seller SHFG

4839 S HWY 87

Information about On-Site Sewer Facility concerning _____

Fredericksburg, TX 78624

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.

DocuSigned by:
Sandy Hart for Grace Dietz 8/29/2020
Signature of Seller _____ Date

Signature of Seller _____ Date

Receipt acknowledged by:

Signature of Buyer _____ Date

Signature of Buyer _____ Date

APPLICATION FOR PRIVATE SEWAGE SYSTEM
CONSTRUCTION PERMIT AND LICENSE

DATE 3-14-2000 PERMIT NO. 3693 FEE 150.⁰⁰/_{FF}

I, hereby make an application for a license to construct and operate a private sewage disposal system in Gillespie County, Texas.

OWNER GUSTAV & GRACE C. DIETZ PHONE NO. 990-0666

MAILING ADDRESS 509 W. TRAVIS ST, FBG. TX 78624

HOUSE NO. AND STREET ADDRESS ON EAST SIDE OF HWY 87 2.9 MILES SOUTH OF MAIN ST.

SUBDIVISION, DESCRIBED LOCATION OR ATTACH A MAP/SKETCH

NAME ABSTRACT SURVEY

SIZE ACREAGE OR TRACT _____ SECTION _____ BLOCK _____ LOT _____

DESCRIPTION OF STRUCTURE TO BE SERVED

House () Mobile Home () Other _____

Commercial NONE

(Type of Business)

Living Area (1250) Bedrooms (2) Bathrooms (2) Disposal (NO)

Washing Machine () Dishwasher () Water Softener (NO) Other _____

Water Supply By: Public System () Community () Individual ()

DATE 3/14/00 INSPECTOR-SANITARIAN Domy M. Sanchez

Authorization is hereby given to the Private Sewage Facility, Gillespie County, Texas, Texas Department of Water Resources, the Texas State Department of Health Resources, or their agents or designees, singly or jointly, to enter upon the above described property for the purpose of making soil percolation tests, inspecting sewage systems, or for any reason consistent with the water quality program of the Texas Department of Water Resources, the Texas State Department of Health Resources and the Private Sewage Facility, Gillespie County, Texas.

(If signed by Owner, Authorized Agent, Contractor, provide name, address and phone #) _____

DATE _____ Gustav Dietz
Signature of Owner or Authorized Agent

Authorization to proceed with construction will be provided after a joint (Owner or Installer and Inspector for the Private Sewage Facility, Gillespie County, Texas survey of the proposed site for the facility and analysis of percolation test data) (If Required)

THIS PERMIT TO CONSTRUCT IS VALID FOR 180 DAYS.
OFFICIAL USE ONLY

SITE INSPECTION OR PERCOLATION TEST

DATE _____ PERMIT NO. _____ FEE _____

TYPE SOIL - Rocky () Gravel () Sand () Other _____

SLOPE - Flat () Sloping () Other _____

PERCOLATION TEST RESULTS INCHES FALL/20 MINUTES

HOLES (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____

(7) _____ (8) _____ PERC. TEST AVERAGE _____

DATE _____ INSPECTOR-SANITARIAN _____

COMMENTS:

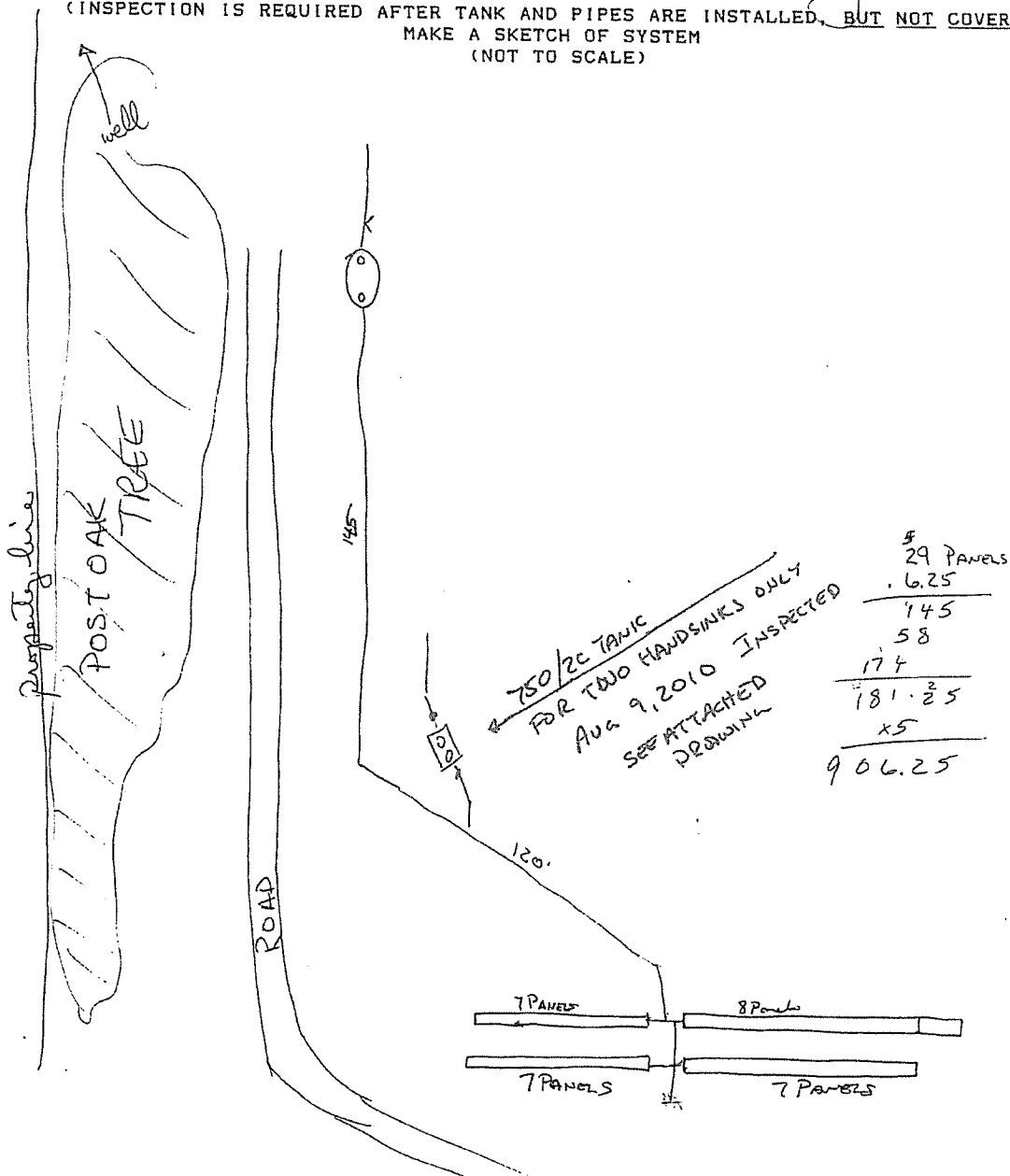
SCANNED
NOV 15 2001

CERTIFICATION OF APPROVAL

FINAL INSPECTION

DATE 3-27-00 PERMIT NO. 3693 FEE _____
 MANUFACTURER BUCHANAN SEPTIC TANKS
 TANK #1 SN# 0313002 TANK #2 SN# _____
 SIZE TANK #1 1250/20 GALS. TANK #2 _____ GALS. TYPE CONCRETE
 ABSORPTION TRENCH () LENGTH 181.25 WIDTH 3' (5' CREDIT)
 ABSORPTION BED AREA () SQUARE FEET 906.25 SQ. FT.
 COMMERCIAL () PRIVATE RESIDENCE ()
 INSTALLER OR CONTRACTOR DON SMITH & DAVE SMITH
 ADDRESS FREDERICKSBURG TX PHONE # 997-9739
 DATE 3-27-00 FINAL INSPECTION MADE BY Dwain C. Boos

(INSPECTION IS REQUIRED AFTER TANK AND PIPES ARE INSTALLED, BUT NOT COVERED)
 MAKE A SKETCH OF SYSTEM
 (NOT TO SCALE)





Gillespie County Application for On-Site Sewage Facility

(Permit application is good for 1 year from purchase date)

Permit # 3693

Date: 7-26-10

Fee: 100.00

Reason for Permit (Circle one): New Construction System Replacement System Repair

Name of Landowner: DIETZ, GUSTAV

Mailing Address: 4839 S US HWY 87 FREDERICKSBURG, TX 78624
(Street # and name) (City & State) (Zip code)

Physical Address/Location of new septic system: 4839 S US HWY 87
(Street # and name)
FREDERICKSBURG TX, 78624
(City & State) (Zip code)

Daytime Phone Number(s): 830 990-0666 Cell Number(s): _____

Legal Description: Volume: _____ Page: _____ Gillespie County Tax I. D. #: R

Subdivision Name: _____ Lot _____ Blk _____ Phase _____ Tract _____

Abstract # _____ Survey Name and # _____

Total Acreage: 15.3 AC Private Well Public Well (Supplier's Name) _____

Name & license # of person installing the septic system: MORALES SEPTIC LLC. 310 (OS#)

Information on a Single Family Residence: House Mobile Home Manufactured
Total Square Footage of Living Area: <1500 <2500 <3500 <4500 _____
of bedrooms 2, # of bathrooms (Full) 2, (Half) _____, Does it have or will it have water saving devices such as, low flush toilets, reduced flow shower heads or faucets, pressure reducing valves and/or faucet aerators? Yes No Water Softener (Demand-Initiated Regeneration) Circle: Y or N

Is the water softener plumbed separate from the OSSF: Y or N

Information on a Non-Single Family Residence or Commercial/Institutional Facility (including Multi-family residences) Describe usage: adding an extra tank.

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

Gunter Dietz
(Signature of Landowner)

7-26-10
(Date)

Office use only:

Daily wastewater usage rate: Q= _____ (gallons/day)

Site Evaluation

Planning Materials submitted by: Installer P. E. R. S.

Development Plans required for Subdivisions, Manufactured Housing Communities, Multi-Unit Residential Development, Business Parks, or other similar uses (i.e. B&B Rental, R. V. Park)

Floodplain

For Aerobic Treatment units and non-standard treatment (if applicable):

Affidavit to the Public

Two-year maintenance contract

AUTHORIZATION to CONSTRUCT Date: _____

Certification of Approval
Final Inspection Permit # 3693

Date: Aug 9, 2010

Approved by: [Signature]

I. Sewer (House Drain): 3" Sch 40 4" Sch 40 Other: _____
Slope of sewer pipe to tank minimum of 1/8"/ft.
 Cleanouts every 50 ft. and within 5 ft. of 90° bends

II. Treatment: Conventional Tanks Aerobic Other: _____

TANKS SIZE AND COMPARTMENTS	SERIAL#	RISER	MANUFACTURER
1. <u>750/2c</u>	_____	<u>Y/N</u>	<u>BCCP</u>
2. _____	_____	<u>Y/N</u>	_____
3. _____	_____	<u>Y/N</u>	_____
4. _____	_____	<u>Y/N</u>	_____

III. Disposal Field: Conventional Gravel Leaching Chambers (Brand) _____
 Low-Pressure Pipe Mounds Gravel-Less Pipe Pressure Emitters (drip) _____
 ET Beds Other: _____

Subsurface Disposal:

LENGTH OF TRENCH CREDIT	WIDTH	HEIGHT OF MEDIA	SQUARE FEET CREDIT AREA=LENGTH X
1. <u>10</u> ft.	_____ ft.	_____ ft.	_____ Sq. ft.
2. _____ ft.	_____ ft.	_____ ft.	_____ Sq. ft.

IV. Surface Disposal (Application):
Loading Rate: _____ Area Required in Sq. ft. _____
Area Designed in Sq. ft. _____
Timer installed-----Y/N
Anti-siphon Hole used-----Y/N
Check valve used-----Y/N

V. Map of System: GPS UTM 14 R 0512780
3341178
Not to Scale

