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TEXAS REALTORS

INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT 603 Barbara Drive, Canyon Lake, TX 78133

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 ☐ Unknown

(3) Approximate Location of Drain Field or Distribution System: Back Yard ☐ Unknown

(4) Installer: _____ ☐ Unknown

(5) Approximate Age: 35 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: _____
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? 6-18-26

(3) Is Seller aware of any defect or malfunction in the on-site sewer facility? ☐ Yes ☑ No
If yes, explain: Septic inspected 6/24/26 and passed

(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.**

Cindy Moore

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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) rules in 30 TAC 285.91(3) on 09/05/2025. 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.

Facility	Usage (gal/day) without water-saving devices	Usage (gal/day) with water-saving devices
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.

RICARDO GARCIA dotloop verified 09/18/26 1:41 PM CDT QJ1B-PW5B-ALGX-E9VW
Signature of Seller Date

Kimberly Garcia dotloop verified 09/18/26 1:44 PM CDT JCCS-ICSY-THOU-WD1M
Signature of Seller Date

Receipt acknowledged by:

Signature of Buyer Date

Signature of Buyer Date

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Inspection Report prepared exclusively for: 603 BARBARA DR

Onsite Wastewater Treatment System Inspection Report

Ordered by: Rick Garcia Date: 9/1 2026 Time Scheduled: ___:___ am pm

Send Copy to: _____ Fax to: (___) _____

Site Address: 603 Barbara Canyon Lake, TX 78133 Billing Address: _____

E-Mail Address: _____ E-Mail Address: _____

Phone: (704) 787-4853 Phone: (___) _____

General Information: (Obtain as much as possible when inspection ordered)

1.) Age of wastewater treatment system: _____ years.
Was a Homeowner Questionnaire completed? + Yes + No
+Water softener +Garbage disposal +Whirlpool bath +Cleaning service
In-home business: Type _____ + Yes + No
Flow meter + Yes + No

2.) Number of people occupying dwelling: Currently: 2 Anticipated: _____
If currently unoccupied, for how long has it been vacant? _____Months

3.) Number of bedrooms in dwelling: 3
Design: _____ Listing: _____

4.) Has there ever been a backup in the house: + Yes + No

5.) List any known repairs made to the system:

_____

_____

6.) Has the system recently been inspected by others? + Yes + No
If so. who? _____ Did it fail? + Yes + No

7.) Is there a service contract for system component? + Yes + No
Company: _____

8.) Date the treatment tank was last pumped: 9-1-26 +Never to my knowledge
At what frequency? _____ Company: Weidner Septic

9.) **The above information is true to the best of my knowledge.**

_____ 9-1-26
Owner **Date**

Additional Comments:

_____

_____

_____

_____

Does the system contain a dosing or pump tank, ejector, or grinder pump? + Yes + No
If so, did you check the integrity of the tank (cracks, infiltration, etc.)? + Yes + No

Is the pump elevated off the bottom of the chamber? + Yes + No
Does the pump work? + Yes + No
If there is a check valve, is the purge hole present? + Yes + No
Is there a high water alarm? + Yes + No
Does the alarm work? + Yes + No
Do electrical connections appear satisfactory? + Yes + No
Did you clean the pump tank? + Yes + No

Probe the soil treatment area to determine its location and to check for excessive moisture, odor, and/or effluent. + Yes + No

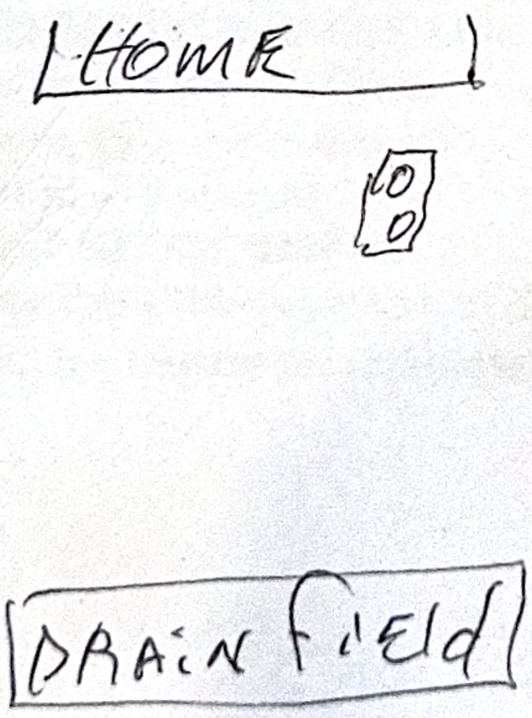
Type of distribution: + Gravity + Pressure

Is there:

Any indication of a previous failure? + Yes + No
Seepage visible on the lawn? + Yes + No
Lush vegetation present? + Yes + No
Ponding water in the Distribution media? + Yes + No
Even distribution of effluent in the field? + Yes + No
Determine approximate distance between water well and soil treatment area.
Approximate distance is N/A feet.

Explain answers as necessary:

Sketch of system:



Evaluation Procedures: Check the appropriate boxes.

Locate access and open the septic tank cover.	+Yes	-No
If at grade, is the cover "secure"?	+Yes	-No
Can surface water infiltrate into the tank?	+Yes	-No
Any indicators of previous failure?	+Yes	-No
Inspect lid, inspect level, measure sludge and scum, check effluent screen.	+Yes	-No
Run an operation test.	+Yes	-No
Gallons added in the test: NA gallons		
If applicable pump out primary treatment tank.	+Yes	-No
Listen and observe for backflow into the tank from the outlet pipe.		

Comments:

Checklist Summary

1.) Pretreatment Unit 1 is in	+Acceptable condition	+Unacceptable condition
Pretreatment Unit 2 is in	+Acceptable condition	+Unacceptable condition
Comments:		
2.) Soil Treatment area is in	+Acceptable condition	+Unacceptable condition
Comments:		
3.) Pump and pump tank are in	+Acceptable condition	+Unacceptable condition
Comments: NA		

Company Disclaimer

Based on what we were able to observe and our experience with onsite wastewater technology, we submit this Onsite Wastewater Treatment System Inspection Report based on the present condition of the onsite wastewat treatment system. **CERTIFIED SEPTIC INSPECT, LLC** not been retained to warrant, guarantee or certify the proper function of the system tor any period of time in the future. Because of the numerous factors (usage, soi characteristics, previous failures, etc.) which may effect the proper operation of a wastewater treatment system this report shall not be construed as a warranty by our company that the system will function properly for any particular buver. **CERTIFIED SEPTIC INSPECTION, LLC DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the wastewater treatment system, or this report. We are also not ascertaining the impact the system is having on the environment.**

Inspector:

Tom Moos
Certified Septic, LLC
830-660-6225
OSSF Installer License #OS0021683

Tom Moos
9-1-2026

WEIDNER SEPTIC

24711 N. Cranes Mill Rd. #1
Canyon Lake, TX 78133
(830) 935-2158

CUSTOMER'S ORDER NO.

DATE 9-1-24

NAME Garcia

PHONE NUMBER ( )

ADDRESS 603 Barbra

Canyon Lake Tx 78133

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Pumped		425 -
	30 minutes		100 -
	Credit Card		

Customer is responsible for refilling tanks, properly sealing lids and powering up system. Contact our office to be added to our 3 yr. Maintenance pump program.

TAX	
TOTAL	525 -

Received by

THANK YOU

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