



## INFORMATION ABOUT ON-SITE SEWER FACILITY

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|  |   |
|--|---|
| <b>CONCERNING THE PROPERTY AT</b>  | <b>1504 Ranch Road 261<br/>Buchanan Dam, TX 78609</b>   |
| <b>A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:</b>   |   |
| (1) Type of Treatment System:  | <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Aerobic Treatment <input type="checkbox"/> Unknown |
| (2) Type of Distribution System:   | <input type="checkbox"/> Unknown  |
| (3) Approximate Location of Drain Field or Distribution System:  | <input type="checkbox"/> Unknown  |
| (4) Installer:   | Ivey Septic Service <input type="checkbox"/> Unknown  |
| (5) Approximate Age:   | <input type="checkbox"/> Unknown  |
| <b>B. MAINTENANCE INFORMATION:</b>   |   |
| (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| If yes, name of maintenance contractor:  |   |
| Phone:   | contract expiration date:   |
| <i>Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard" on-site sewer facilities.)</i>   |   |
| (2) Approximate date any tanks were last pumped?   | JANUARY 2001  |
| (3) Is Seller aware of any defect or malfunction in the on-site sewer facility?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| If yes, explain:   |   |
| (4) Does Seller have manufacturer or warranty information available for review?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:</b>  |   |
| (1) The following items concerning the on-site sewer facility are attached:  |   |
| <input type="checkbox"/> planning materials <input type="checkbox"/> permit for original installation <input checked="" type="checkbox"/> final inspection when OSSF was installed                               |   |
| <input type="checkbox"/> maintenance contract <input type="checkbox"/> manufacturer information <input type="checkbox"/> warranty information <input type="checkbox"/> _____                                     |   |
| (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 \_\_\_\_\_  
1504 Ranch Road 261  
Buchanan Dam, TX 78609

**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)<br/>without water-<br/>saving devices</u> | <u>Usage (gal/day)<br/>with water-<br/>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.

Michael Beid  
Signature of Seller

10-1-2024  
Date

WT  
Signature of Seller

10/01/24  
Date

Receipt acknowledged by:

Signature of Buyer

Date

Signature of Buyer

Date

(TXR-1407) 1-7-04

Page 2 of 2



## ON-SITE SEWAGE FACILITY (OSSF) PERMIT TO OPERATE

Date: February 8, 2021

LCRA Application Number: 23290

Name of Property Owner: Viviane Beisert

OSSF Installer Name and License #: Jimmy Ivey OS0003511

Property Address: 164 Banta Circle

Subdivision or legal: \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

This OSSF is approved to serve as:

3 bedroom, 2,500 sq. ft. residence generating 240 gallons per day.

       commercial facility generating not more than        gallons per day.

       other       

       the attachment included contains additional provisions applicable to the approval of this OSSF.

       Yes         No: Aerobic Treatment Unit

NOTE: This OSSF is required to have a current maintenance service contract for the initial two-year period. After the initial two year period, system maintenance must be provided by either a valid maintenance provider, or the property owner as provided by Texas Commission on Environmental Quality (TCEQ) and LCRA Rules.

If checked, the following variance(s) were requested and approved on this project:

Reduced setback to:        property line,        easement,        foundation,  
       surface improvement (describe)       

       A standard drainfield was installed within soils contained > 30 % gravel by volume.

       A sand filter was installed below the drainfield, rather than preceding it.

The above referenced OSSF was inspected on 1/20/2021 for compliance with the TCEQ and LCRA Rules and the data set forth within the Authorization to Construct. On the date inspected, the facility was found to be in compliance with these requirements. This permit to operate is null and void if the OSSF is altered by an increase in the volume of permitted flow, a change in nature of the influent, a change from the planning materials, a change in the OSSF's construction, or an OSSF increase or alteration. Acceptance of this permit to operate they system constitutes an agreement to abide by the terms and conditions specified in the most current version of the LCRA OSSF Rules and TCEQ regulations. This permit does not extend to the facility materials, workmanship or fabrication so as to express or imply to the owner or facility installer any warranty or rights against LCRA. An Authorization to Construct must be obtained from LCRA prior to any repair work or modification being performed on this OSSF.

James Maynard, RS / OS0007172  
LCRA OSSF Inspector/ Designated Representative #

*James Maynard, RS  
Date 7/7/18*

Original (office copy)

Yellow (Inspector copy)

Water front - No pump or  
pipe visible - Not watering

Form # 1109IL - 9/27/2018



**ON-SITE SEWAGE FACILITY (OSSF)  
PERMIT TO OPERATE**

Date: 1/19/2011 LCRA Application Number: 110910  
Name of Property Owner: WILIANE BECKER  
OSSF Installer Name and License #: WIMM NEY # 3511  
Property Address: 164 BANTA LANE  
Subdivision or legal: BUCHANAN  
Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

This OSSF is approved to serve as:

3 bedroom, 1100 sq. ft. residence generating 240 gallons per day.  
        commercial facility generating not more than        gallons per day.  
        other         
        the attachment included contains additional provisions applicable to the approval of this OSSF.

Yes  No: Aerobic Treatment Unit

NOTE: This OSSF is required to have a current maintenance service contract for the initial two-year period. After the initial two year period, system maintenance must be provided by either a valid maintenance provider, or the property owner as provided by Texas Commission on Environmental Quality (TCEQ) and LCRA Rules.

If checked, the following variance(s) were requested and approved on this project:

Reduced setback to:        property line,        easement,        foundation,  
       surface improvement (describe)         
        A standard drainfield was installed within soils contained > 30 % gravel by volume.  
        A sand filter was installed below the drainfield, rather than preceding it.

The above referenced OSSF was inspected on        for compliance with the TCEQ and LCRA Rules and the data set forth within the Authorization to Construct. On the date inspected, the facility was found to be in compliance with these requirements. This permit to operate is null and void if the OSSF is altered by an increase in the volume of permitted flow, a change in nature of the influent, a change from the planning materials, a change in the OSSF's construction, or an OSSF increase or alteration. Acceptance of this permit to operate the system constitutes an agreement to abide by the terms and conditions specified in the most current version of the LCRA OSSF Rules and TCEQ regulations. This permit does not extend to the facility materials, workmanship or fabrication so as to express or imply to the owner or facility installer any warranty or rights against LCRA. An Authorization to Construct must be obtained from LCRA prior to any repair work or modification being performed on this OSSF.

PATRICK HARRIS / TCEQ # 35101  
LCRA OSSF Inspector/ Designated Representative #

Original (office copy)

Yellow (Inspector copy)

Form # 110910 - 9/27/2018

WATERFRONT LOT  
DOCK | NO PUMP

P.O. Box 2200, Austin, TX 78767  
512-476-5216 or 800-777-6273, Ext. 5216  
Fax 512-476-3501



2643 N. White Deer Road, Marble Falls, TX 78654  
800-776-5273, Ext. 5216  
Fax 512-693-6242

### On-Site Sewage Facility (OSSF) Approval for Continued Use Application

|  |  |  |
|--|--|--|
| This box for LCRA use only             |  | FORM 1100  |
| APPLICATION NO. <u>3984</u> DATE _____ |  | NEW OWNER <input checked="" type="checkbox"/> TO O <input type="checkbox"/> FRBS <u>of</u> |
| This box for LCRA use only             |  |  |
| Date entered: _____                    |  |  |
| Entered by: _____                      |  |  |

I hereby make application for approval for continued use of an OSSF in one of the Highland Lakes Zones as required by LCRA OSSF Rules.

#### ALL INFORMATION MUST BE PROVIDED

Owner's last name or company name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Additional owner's name \_\_\_\_\_  
*If owned by a company, provide a copy of a corporate resolution that names the officers.*

Mailing address, number and street or box \_\_\_\_\_ City \_\_\_\_\_ State and ZIP code \_\_\_\_\_

Home phone number \_\_\_\_\_ Business phone number \_\_\_\_\_ Cell number \_\_\_\_\_ Email address \_\_\_\_\_

Property location: \_\_\_\_\_ Nearest lake \_\_\_\_\_ County \_\_\_\_\_ Tax ID # \_\_\_\_\_

If within the city limits, circle one: Jonestown Lakeway Volente Lago Vista Briarcliff Granite Shoals

Subdivision: \_\_\_\_\_ Section No. \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

If property is not located in a subdivision, provide full legal description: \_\_\_\_\_

Property site address: \_\_\_\_\_ City: \_\_\_\_\_  
Type of residence, check one:  Single-family  Multi-family  
 Commercial, Describe: \_\_\_\_\_ Gallons used per day: \_\_\_\_\_

Source(s) of water supply, check all that apply:  Subdivision  Water district, name of provider: \_\_\_\_\_  
 Well  Cister:  Lake pump (LCRA requires a contract for the use of water from the Highland Lakes)

The heated/cooled living area of the residence is \_\_\_\_\_ square feet.

State the TOTAL number of items below and write zero (0) for none. Note the number of bedrooms includes heated and/or cooled rooms with adequate space, privacy and a closet.

1. Bedrooms: \_\_\_\_\_ 2. Bathrooms: \_\_\_\_\_ 3. Kitchens: \_\_\_\_\_  
4. Living Rooms: \_\_\_\_\_ 5. Recreation Rooms/Decks: \_\_\_\_\_ 6. Offices/Studies: \_\_\_\_\_

Authorization is hereby given to LCRA, the Texas Commission on Environmental Quality (TCEQ), and to their agents or designees, singularly or jointly, to enter upon the above described property during daylight hours for the purpose of inspecting on-site sewage facilities, or for any reason consistent with the water quality programs of TCEQ or LCRA.

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

1504



1504 Ranch Road 261

Alteration – No alteration or addition to the dwelling/facility may be made without first contacting LCRA for evaluation of potential increased wastewater loading.

Sale/Transfer of Property - this reinspection approval is valid for a period of six months from this date, or until a Form 1100 is submitted by a new owner, whichever is first. A new owner must submit a Form 1100 and an O&M Contract if checked above in order to receive LCRA approval for continued use of the sewage disposal facility. It is recommended a Form 1100 be completed at the time of sale closing, and submitted to LCRA as soon as possible. This document also serves as approval for continued use of the facility by the listed owner. Acceptance of this approval constitutes an agreement to abide by the terms and conditions specified in the most current version of the LCRA and TCEQ regulations for OSSFs.

Please note any of the following additional conditions:

( ) Lack of regular use of this facility does not permit an evaluation of the facility as it would, had the facility been in use full time.

( ) Aerobic treatment systems must have operation and maintenance inspections by either a licensed maintenance provider or the property owner. If performed by a maintenance provider, a copy of the O & M contract must be submitted to LCRA prior to approval for system use. If by the owner, the owner must comply with the provisions of LCRA's rules, Section 10.12.

( ) The structure(s) on this property were required to have low-flow toilets, showerheads and faucet aerators. Should any of these devices require replacement, the new items must meet the current requirements specified in LCRA's OSSF Rules.

Patricia DR # 1504

LCRA OSSF Inspector and D.R. Number

1/20/2021

Date

|                          |                   |                |               |
|--------------------------|-------------------|----------------|---------------|
| WATERFRONT LOT:          | <u>A</u>          | OFF WATER LOT: | <u>      </u> |
| Boat Dock or Pump House: | <u>Y</u> <u>N</u> |                |               |
| Pump Visible:            | <u>Y</u> <u>N</u> |                |               |
| Pipe Visible:            | <u>Y</u> <u>N</u> |                |               |
| Watering:                | <u>Y</u> <u>N</u> |                |               |

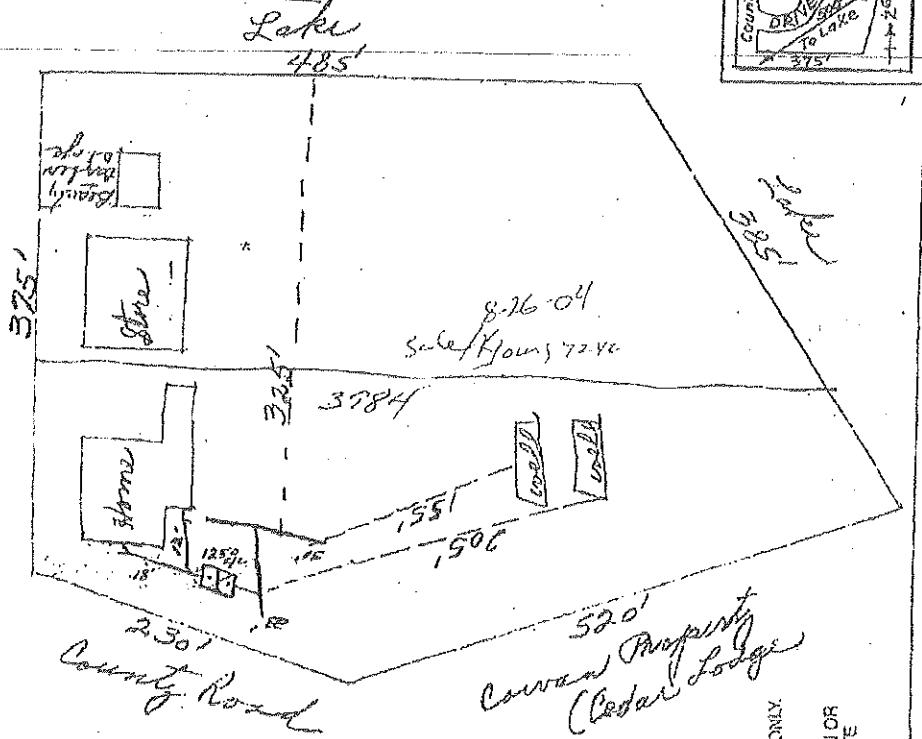
For Properly Outlins, Size and  
Improvements Location.

In addition to other information requested on other side, please indicate:

1. *Direction of North at property.*
2. *Direction and Distance from Field to nearest Lake Shoreline.*

#3984.02

July 26, 1



Trenches  
prepared by J.R. Dillard  
2' wide by 1' deep & clean gravel & coarse  
Fabric -  
Kay Young  
2/20/96

THE SKETCH IS FOR LCHA USE ONLY.  
LORA DOES NOT WARRANT OR  
REPRESENT THAT THIS SKETCH  
DEPICTS THE ACTUAL LOCATION OR  
CONFIGURATION OF THE PRIVATE  
SEWAGE FACILITY SYSTEM.

Application No. 4904Date 1/24/2021

### LCRA OSSF Reinspection Report

Property Owner: HOWIE WOLKENBAUERProperty Location: 1604 BROWN ROAD 261

On 1/20/2021 a reinspection of the on-site sewage facility located on the above referenced property was performed. This reinspection revealed the on-site sewage facility to be serving the 3 bedroom residence with 1214 square footage satisfactorily, therefore, the facility is approved.

#### Tank(s):

Inlet/ Outlet checked: X Visual inspection of inside of tank only \_\_\_\_\_ Not required: \_\_\_\_\_

Tank 1 Capacity: 1250 GALLON Type: 1/2 CONCRETE Tank 3 Capacity: \_\_\_\_\_ Type: \_\_\_\_\_

Tank 2 Capacity: \_\_\_\_\_ Type: \_\_\_\_\_ Tank 4 Capacity: \_\_\_\_\_ Type: \_\_\_\_\_

Pump and alarm activated: Yes    N/A X Pump and alarm on separate breakers: Yes    N/A X

Alarm type: Mechanical    Light and horn    Light only    Other: \_\_\_\_\_

Comments: Trees in place

#### Drainfield inspection:

Field area size: 1000 SQ FT Field Type: TRENCH

Property in use: Yes X No    Indication of use: OWNER HOME

Dual drainfield: Yes    No X If yes, type of valve: \_\_\_\_\_

Site hole(s) provided: Yes    N/A X Water load test to field performed: Yes    N/A X  
If yes, installer/ Apprentice name and #: \_\_\_\_\_

House retrofitted with low-flow devices: Yes X N/A   

Comments: WALKED DRAINFIELD