



TEXAS ASSOCIATION OF REALTORS®

SELLER'S DISCLOSURE NOTICE

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Section 5.008 of the Texas Property Code requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice to a purchaser 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 3000 Pursley Road Dripping Springs Foreman's house (Street Address and City)

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 [X] is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property? NA

1. The Property has the items below: (Mark Yes (Y), No (N), or Unknown (U).)

Grid of items for disclosure: Attic Fan(s), Cable TV Wiring, Ceiling Fan(s), Dishwasher, Disposal, Evaporative Cooler, Exhaust Fan(s), Fences, Fire Detection Equipment, French Drain, Gas Fixtures, Gas Lines (Nat/LP), Intercom System, Microwave, Outdoor Grill prt, Oven, Patio/Decking, Plumbing System, Pool, Pool Equipment, Pool Maintenance Accessories, Pool Heater, Public Sewer System, Rain Gutters, Range, Sauna, Spa or Hot Tub, Trash Compactor, TV Antenna, Wall/Window A/C Units, Washer/Dryer Hookups, Window Screens.

Grid of items for disclosure: Central A/C, Central Heat, Carport, Fireplace & Chimney, Garage, Garage Door Openers, Satellite Dish and Controls, Security System, Water Heater, Water Softener, Underground Lawn Sprinkler, Septic or other on-site sewer facility. Includes questions about electric/gas/solar, attached/not attached, and number of units.

Water supply provided by: [ ] City [X] Well [ ] MUD [ ] Co-Op [ ] Other [ ] Unknown. Was the dwelling built before 1978? [X] Yes [ ] No [ ] Unknown. Roof Type: Metal Age: 50 (approx.) Is there an overlay roof covering? [ ] Yes [X] No [ ] Unknown.

Are you (Seller) aware of any of the items in Section 1 that are not in working condition, that have known defects, or that are in need of repair? [ ] Yes (if you are aware.) [X] No (if you are not aware.) If yes, describe. (Attach additional sheets if necessary.)

This notice does not establish which items will or will not be conveyed in a sale. The terms of the contract will determine which items will and will not be conveyed.

(TAR-1406) 7-6-01 Initialed for Identification by Buyer [Signature] and Seller [Signature] Page 1 of 3

2. Are you (Seller) aware of any known defects/malfunctions in any of the following? (Mark Yes (Y) if you are aware, mark No (N) if you are not aware.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Y <input checked="" type="checkbox"/> N       | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| <input type="checkbox"/> Basement                                      | <input type="checkbox"/> Exterior Walls                          | <input type="checkbox"/> Plumbing/Sewers/Septics                 |
| <input type="checkbox"/> Ceilings                                      | <input type="checkbox"/> Floors                                  | <input type="checkbox"/> Roof                                    |
| <input type="checkbox"/> Doors   | <input type="checkbox"/> Foundation/Slab(s)                      | <input type="checkbox"/> Sidewalks                               |
| <input type="checkbox"/> Driveways                                     | <input type="checkbox"/> Interior Walls                          | <input type="checkbox"/> Walls/Fences                            |
| <input type="checkbox"/> Electrical Systems                            | <input type="checkbox"/> Lighting Fixtures                       | <input type="checkbox"/> Windows                                 |
| <input type="checkbox"/> Other Structural Components (describe): _____ |  |  |

If the answer to any of the items in Section 2 is yes, explain. (Attach additional sheets if necessary.) \_\_\_\_\_

3. Are you (Seller) aware of any of the following conditions? (Mark Yes (Y) if you are aware, mark No (N) if you are not aware.)

- |  |   |
|--|---|
| <input type="checkbox"/> Y <input checked="" type="checkbox"/> N   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N    |
| <input type="checkbox"/> Aluminum Wiring   | <input type="checkbox"/> Unplatted Easements                        |
| <input type="checkbox"/> Asbestos Components   | <input type="checkbox"/> Urea-formaldehyde Insulation               |
| <input type="checkbox"/> Diseased Trees: <input type="checkbox"/> Oak Wilt <input type="checkbox"/> _____                              | <input type="checkbox"/> Water Penetration                          |
| <input type="checkbox"/> Endangered Species/Habitat on Property  | <input type="checkbox"/> Wetlands on Property                       |
| <input type="checkbox"/> Fault Lines   | <input type="checkbox"/> Wood Rot                                   |
| <input type="checkbox"/> Hazardous or Toxic Waste  | <input type="checkbox"/> Previous Flooding                          |
| <input type="checkbox"/> Improper Drainage   | <input type="checkbox"/> Into the Improvements                      |
| <input type="checkbox"/> Intermittent or Weather Springs   | <input type="checkbox"/> Onto the Property                          |
| <input type="checkbox"/> Landfill  | <input type="checkbox"/> Structural Repairs:                        |
| <input type="checkbox"/> Lead-Based Paint or Lead-Based Paint Hazards  | <input type="checkbox"/> Previous Foundation Repairs                |
| <input type="checkbox"/> Located in 100-year Floodplain  | <input type="checkbox"/> Previous Roof Repairs                      |
| <input type="checkbox"/> Previous Fires  | <input type="checkbox"/> Other Structural Repairs                   |
| <input type="checkbox"/> Present Flood Insurance Coverage (If yes, attach Information About Special Flood Hazard Areas - TAR No. 1414) | <input type="checkbox"/> Termites or Other Wood-Destroying Insects: |
| <input type="checkbox"/> Radon Gas   | <input type="checkbox"/> Active Infestation                         |
| <input type="checkbox"/> Settling  | <input type="checkbox"/> Previous Treatment                         |
| <input type="checkbox"/> Soil Movement   | <input type="checkbox"/> Previous Damage Repaired                   |
| <input type="checkbox"/> Subsurface Structures or Pits   | <input type="checkbox"/> Damage Needing Repair                      |
| <input type="checkbox"/> Underground Storage Tanks   |   |
| <input type="checkbox"/> Unrecorded Easements  |   |

If the answer to any of the conditions in Section 3 is yes, explain. (Attach additional sheets if necessary.) \_\_\_\_\_

4. Are you (Seller) aware of any item, equipment, or system on or on the Property that is in need of repair, which has not been previously disclosed in this notice?  Yes (If you are aware.)  No (If you are not aware.) If yes, explain. (Attach additional sheets if necessary.) \_\_\_\_\_

5. 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 or not in compliance with building codes in effect at that time.
- Homeowners' association or maintenance fees or assessments. If yes, complete:  
 Amount of fee or assessment: \$ \_\_\_\_\_  Mandatory  Voluntary  
 Due:  monthly  quarterly  annually  
 Any unpaid fees or assessments for the Property:  Yes  No If yes, amount: \$ \_\_\_\_\_  
 Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- Y N  
  Any "common area" (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others.  
 If yes, complete:  
 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. If yes, describe:  
 Condemnation proceedings: \_\_\_\_\_  
 Pending or threatened change in zoning or deed restrictions: \_\_\_\_\_  
 Other: \_\_\_\_\_
- Death on the Property other than death caused by: natural causes, suicide, or accident unrelated to the Property's condition.
- Any condition on the Property which materially affects the physical health or safety of an individual.
- Any repairs or treatment, other than routine maintenance, made to the Property to eliminate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold?

If the answer to any of the items in Section 5 is yes, explain. (Attach additional sheets if necessary.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. List and attach any written inspection reports that you (Seller) have received in the last 4 years that were completed by persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections.

<u>Date of Inspection</u>	<u>Type of Inspection</u>	<u>Name of Inspector/Company</u>	<u>Number of Pages</u>

*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 of the buyer's own choice.*

7. Check any tax exemption(s) which you (Seller) currently claim for the Property:
- |  |   |
|--|---|
| <input type="checkbox"/> Homestead               | <input type="checkbox"/> Senior Citizen   |
| <input type="checkbox"/> Disabled                | <input type="checkbox"/> Disabled Veteran |
| <input checked="" type="checkbox"/> Agricultural | <input type="checkbox"/> Unknown          |
| <input type="checkbox"/> Other _____             |   |
8. Have you (Seller) ever collected any insurance payments pursuant to a claim made for damage to the Property and not used the proceeds to make the repairs for which the claim was submitted?  Yes  No If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_

9. NOTICES TO BUYER:

A. The Texas Department of Public Safety maintains a database that consumers may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit [www.txdps.state.tx.us](http://www.txdps.state.tx.us). For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.

B. The Listing Broker and any other broker advise you that 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.

Richard S. Davenport 9/6/03  
 Signature of Seller Date  
 Richard S. Davenport

Cynthia Davenport 9/6/03  
 Signature of Seller Date  
 Cynthia Davenport

The undersigned Buyer acknowledges receipt of the foregoing notice.

\_\_\_\_\_  
 Signature of Buyer Date

\_\_\_\_\_  
 Signature of Buyer Date

*Copy*

ATTENTION OWNER: Confidentiality  
Privilege Notice on Reverse Side

State of Texas  
WELL REPORT

Texas Water Well Drillers Board  
P.O. Box 13087  
Austin, Texas 78711

1) OWNER H. H. DAVENPORT (Name) ADDRESS 310 ALBANY SAN ANTONIO, TX 78209 (Street or RFD) (City) (State) (Zip)  
2) LOCATION OF WELL: County HAYS miles in 9 direction from SW (NE, SW, etc.) DRIPPING SPRINGS (Town)

Driller must complete the legal description below with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highway Map and attach the map to this form.  
 LEGAL DESCRIPTION: Section No. \_\_\_\_\_ Block No. \_\_\_\_\_ Township \_\_\_\_\_ Abstract No. \_\_\_\_\_ Survey Name \_\_\_\_\_  
Distance and direction from two intersecting section or survey lines \_\_\_\_\_  
 SEE ATTACHED MAP

GLEN ROSE FORMATION

OLD HOUSE - FOREMAN'S HOUSE

3) TYPE OF WORK (Check):  
 New Well  Deepening  Reconditioning  Plugging  
4) PROPOSED USE (Check):  
 Domestic  Industrial  Monitor  Public Supply  Irrigation  Test Well  Injection  De-Watering  
5) DRILLING METHOD (Check):  
 Mud Rotary  Air Hammer  Jetted  Bored  Air Rotary  Cable Tool  Other \_\_\_\_\_  
6) WELL LOG:  
Date Drilling: 7-16-92  
Started 1992  
Completed \_\_\_\_\_  
DIAMETER OF HOLE:  
Dia. (in.) From (ft.) To (ft.)  
6 3/4 Surface 420  
7) BOREHOLE COMPLETION:  
 Open Hole  Straight Wall  Underreamed  
 Gravel Packed  Other \_\_\_\_\_  
If Gravel Packed give interval . . . from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From (ft.)	To (ft.)	Description and color of formation material
0	3	Surface Rock
3	7	Calchie
7	11	Lt. Brown
11	30	Blue Lime
30	33	Lt. Brown
33	72	Lt. Gray
72	80	Shale Strips
80	174	Med. Gray
174	176	Lt. Gray
176	200	Lt. Brown

(Use reverse side if necessary)

8) CASING, BLANK PIPE, AND WELL SCREEN DATA:

Dia. (in.)	New or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mfg., if commercial	Setting (ft.)		Gage Casting Screen
			From	To	
5	N	Sch 40 Perf.	+2	420	
			380	420	

13) TYPE PUMP:  
 Turbine  Jet  Submersible  Cylinder  
 Other \_\_\_\_\_  
Depth to pump bowls, cylinder, jet, etc., 360 ft.

9) CEMENTING DATA [Rule 287.44(1)]  
Cemented from 0 ft. to 40 ft. No. of Sacks Used 3  
\_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. of Sacks Used \_\_\_\_\_  
Method used Gravity  
Cemented by Tucker Drilling, Inc.

14) WELL TESTS:  
Type Test:  Pump  Bailer  Jetted  Estimated  
Yield: 25-60 gpm with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

10) SURFACE COMPLETION  
 Specified Surface Slab Installed [Rule 287.44(2)(A)]  
 Specified Steel Sleeve Installed [Rule 287.44(3)(A)]  
 Pitless Adapter Used [Rule 287.44(3)(B)]  
 Approved Alternative Procedure Used [Rule 287.71]

15) WATER QUALITY:  
Did you knowingly penetrate any strata which contained undesirable constituents?  
 Yes  No If yes, submit "REPORT OF UNDESIRABLE WATER"  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Was a chemical analysis made?  Yes  No

11) WATER LEVEL:  
Static level 260 ft. below land surface Date \_\_\_\_\_  
Artesian flow \_\_\_\_\_ gpm. Date \_\_\_\_\_

12) PACKERS: Type RUBBER Depth 40 FT

I hereby certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief. I understand that failure to complete items 1 thru 15 will result in the log(s) being returned for completion and resubmittal.

COMPANY NAME JAMES TUCKER DRILLING, INC. (Type or print) WELL DRILLER'S LICENSE NO. 1488  
ADDRESS P.O. Box 308 DRIPPING SPRINGS, TX 78620 (Street or RFD) (City) (State) (Zip)  
(Signed) James B. Tucker, Jr. (Licensed Well Driller) (Signed) \_\_\_\_\_ (Registered Driller Trainee)

Please attach electric log, chemical analysis, and other pertinent information, if available. For TWC use only: Well No. \_\_\_\_\_ Located on map \_\_\_\_\_