



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.

1142 Fletcher CT
Anderson, TX 77830

CONCERNING THE PROPERTY AT _____

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? 10 years (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	X		
Carbon Monoxide Det.	X		
Ceiling Fans	X		
Cooktop	X		
Dishwasher	X		
Disposal	X		
Emergency Escape Ladder(s)		N	
Exhaust Fans	X		
Fences		X	
Fire Detection Equip.	X		
French Drain		X	
Gas Fixtures	X		
Liquid Propane Gas:			
-LP Community (Captive)		X	
-LP on Property	Y		

Item	Y	N	U
Natural Gas Lines		N	
Fuel Gas Piping:			
-Black Iron Pipe	Y		
-Copper		N	
-Corrugated Stainless Steel Tubing		N	
Hot Tub		N	
Intercom System		N	
Microwave	Y		
Outdoor Grill	Y		
Patio/Decking	Y		
Plumbing System	Y		
Pool		N	
Pool Equipment		N	
Pool Maint. Accessories		N	
Pool Heater		N	

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

Item	Y	N	U	Additional Information
Central A/C	Y			^{AIR} electric gas number of units: 2
Evaporative Coolers		N		number of units:
Wall/Window AC Units		N		number of units:
Attic Fan(s)		N		if yes, describe:
Central Heat	Y			electric <input checked="" type="checkbox"/> gas number of units: 2
Other Heat		N		if yes, describe:
Oven	Y			number of ovens: 1 electric <input type="checkbox"/> gas <input type="checkbox"/> other:
Fireplace & Chimney	X2	Y		1 wood 1 gas logs mock other: OUTDOOR GAS LOG
Carport		N		attached not attached
Garage	Y			3 attached not attached
Garage Door Openers	Y			number of units: 2 number of remotes: 3
Satellite Dish & Controls	owned	N		owned leased from:
Security System	Y			<input checked="" type="checkbox"/> owned leased from:

(TXR-1406) 07-10-23

Initialed by: Buyer: _____ and Seller: DOB, CUB

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Concerning the Property at _____

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*Irrigation System
Rainbird commercial
10 stations address stations*

Solar Panels		<input checked="" type="checkbox"/> N	owned	leased from:
Water Heater <i>tankless</i>	<input checked="" type="checkbox"/> Y		electric	gas <input checked="" type="checkbox"/> other: <i>propane</i> number of units: <i>1</i>
Water Softener	<input checked="" type="checkbox"/> Y		<input checked="" type="checkbox"/> owned	leased from:
Other Leased Items(s)			if yes, describe:	
Underground Lawn Sprinkler <i>Rainbird</i>			<input checked="" type="checkbox"/> automatic	manual areas covered _____
Septic / On-Site Sewer Facility	<input checked="" type="checkbox"/> Y		if yes, attach Information About On-Site Sewer Facility (TXR-1407)	

Water supply provided by: ___ city ___ well ___ MUD ___ co-op ___ unknown ___ other: *Dobbin Plantersville Water supply*
 Was the Property built before 1978? ___ yes ___ no ___ unknown
 (If yes, complete, sign, and attach TXR-1906 concerning lead-based paint hazards).

Roof Type: *composition* Age: *10 years* (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
Basement		<input checked="" type="checkbox"/> N
Ceilings		<input checked="" type="checkbox"/> N
Doors		<input checked="" type="checkbox"/> N
Driveways		<input checked="" type="checkbox"/> N
Electrical Systems		<input checked="" type="checkbox"/> N
Exterior Walls		<input checked="" type="checkbox"/> N

Item	Y	N
Floors		<input checked="" type="checkbox"/> N
Foundation / Slab(s)		<input checked="" type="checkbox"/> N
Interior Walls		<input checked="" type="checkbox"/> N
Lighting Fixtures		<input checked="" type="checkbox"/> N
Plumbing Systems		<input checked="" type="checkbox"/> N
Roof		<input checked="" type="checkbox"/> N

Item	Y	N
Sidewalks		<input checked="" type="checkbox"/> N
Walls / Fences		<input checked="" type="checkbox"/> N
Windows		<input checked="" type="checkbox"/> N
Other Structural Components		<input checked="" type="checkbox"/> N

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
Aluminum Wiring		<input checked="" type="checkbox"/> N
Asbestos Components		<input checked="" type="checkbox"/> N
Diseased Trees: <i>oak wilt</i>		<input checked="" type="checkbox"/> N
Endangered Species/Habitat on Property		<input checked="" type="checkbox"/> N
Fault Lines		<input checked="" type="checkbox"/> N
Hazardous or Toxic Waste		<input checked="" type="checkbox"/> N
Improper Drainage		<input checked="" type="checkbox"/> N
Intermittent or Weather Springs		<input checked="" type="checkbox"/> N
Landfill		<input checked="" type="checkbox"/> N
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/> N
Encroachments onto the Property		<input checked="" type="checkbox"/> N
Improvements encroaching on others' property		<input checked="" type="checkbox"/> N
Located in Historic District		<input checked="" type="checkbox"/> N
Historic Property Designation		<input checked="" type="checkbox"/> N
Previous Foundation Repairs		<input checked="" type="checkbox"/> N

Condition	Y	N
Radon Gas		<input checked="" type="checkbox"/> N
Settling		<input checked="" type="checkbox"/> N
Soil Movement		<input checked="" type="checkbox"/> N
Subsurface Structure or Pits		<input checked="" type="checkbox"/> N
Underground Storage Tanks <i>Propane</i>	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Unplatted Easements		<input checked="" type="checkbox"/> N
Unrecorded Easements		<input checked="" type="checkbox"/> N
Urea-formaldehyde Insulation		<input checked="" type="checkbox"/> N
Water Damage Not Due to a Flood Event		<input checked="" type="checkbox"/> N
Wetlands on Property		<input checked="" type="checkbox"/> N
Wood Rot		<input checked="" type="checkbox"/> N
Active infestation of termites or other wood destroying insects (WDI)		<input checked="" type="checkbox"/> N
Previous treatment for termites or WDI		<input checked="" type="checkbox"/> N
Previous termite or WDI damage repaired		<input checked="" type="checkbox"/> N
Previous Fires		<input checked="" type="checkbox"/> N

(TXR-1406) 07-10-23

Initialed by: Buyer: _____ and Seller: *DOB . CLB* *11/22/25*

Concerning the Property at _____

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Previous Roof Repairs	<input checked="" type="checkbox"/>	
Previous Other Structural Repairs		N
Previous Use of Premises for Manufacture of Methamphetamine		N

Termite or WDI damage needing repair		N
Single Blockable Main Drain in Pool/Hot Tub/Spa*		N/A

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): _____

see repair invoice A, B, C

*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.)

- | | | |
|--------------------------|-------------------------------------|---|
| <u>Y</u> | <u>N</u> | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Present flood insurance coverage. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Previous flooding due to a failure or breach of a reservoir or a controlled or emergency release of water from a reservoir. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Previous flooding due to a natural flood event. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Previous water penetration into a structure on the Property due to a natural flood. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a 100-year floodplain (Special Flood Hazard Area-Zone A, V, A99, AE, AO, AH, VE, or AR). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded)). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a floodway. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a flood pool. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a reservoir. |

If the answer to any of the above is yes, explain (attach additional sheets as necessary): _____

*If Buyer is concerned about these matters, Buyer may consult Information About Flood Hazards (TXR 1414).

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.

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Initialed by: Buyer: _____ and Seller: DOB, UB 11/20/25 Page 3 of 7

Concerning the Property at _____

"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.

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
 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.

Y Homeowners' associations or maintenance fees or assessments. If yes, complete the following:
Name of association: Timber Hills POA PO Box 642 Richards TX 77873
Manager's name: Tommy Thompson Phone: _____
Fees or assessments are: \$ 200 per lot 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.

 N 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: _____

 N Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.

 N Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)

 N Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.

 N Any condition on the Property which materially affects the health or safety of an individual.

 N 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).

 N 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.

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Concerning the Property at _____

- M The Property is located in a propane gas system service area owned by a propane distribution system retailer.
- N 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): _____

Section 9. 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
3-11-2025	Septic	? kenmark 936 760 77830	1
2-7-2023	Propane	The buyer inspected before buying he did a report I'll have to get a copy from them	

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 10. Check any tax exemption(s) which you (Seller) currently claim for the Property:

- Homestead
- Senior Citizen
- Disabled
- Wildlife Management
- Agricultural
- Disabled Veteran
- Other: Timber
- Unknown

Section 11. Have you (Seller) ever filed a claim for damage, other than flood damage, to the Property with any insurance provider? yes no

Section 12. 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 13. 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): All new detectors installed in March 2024

*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.

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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.

Donald Brown 5/1/2025 Colleen Brown 5/1/2025
 Signature of Seller Date Signature of Seller Date
 Printed Name: Donald Brown Printed Name: Colleen Brown

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>. 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: Mid South Energy
 Sewer: on site maintenance ~~to~~ KWM
 Water: Dobbin Planterville Water Service
 Cable: _____
 Trash: Fred Washington Local Govt
 wonderful person
 Natural Gas: _____

KWM Septic 936 760 5379

phone #: 936 825 5100
 phone #: 936 760 5379
 phone #: 936 232 2322
 phone #: _____
 phone #: 936 231 0523
 phone #: _____
 phone #: _____
 phone #: 936 441 4328
 phone #: 936 825 5100

Propane: CWS Propane Delivered on Thursday
 Internet: Mid South FIBER
 Also installed buried 1000 gallon tank

(TXR-1406) 07-10-23 Initialed by: Buyer: _____ and Seller: DDB . CCB 11/22/25 Page 6 of 7

Concerning the Property at _____

1142 Fletcher CT
Anderson, TX 77830

(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.

<u>Donald Brown</u>	<u>5/1/2005</u>	<u>Colleen Brown</u>	<u>5/1/2005</u>
Signature of Buyer	Date	Signature of Buyer	Date
Printed Name: <u>Donald Brown</u>		Printed Name: <u>Colleen Brown</u>	

11/22/05
5/1/2005



INVOICE

1853

A 11/20/25

PO Box 564
Anderson, Texas 77830
(936) 760-5379

Date: 4/3/25

BILL TO:
Colleen Brown
1142 Fletcher
Anderson, TX 77830

JOB NAME / DESCRIPTION:
Aerator not
working

DESCRIPTION	QTY	FEE	AMOUNT
Install new Fuji Mac II 80 Air pump	1		\$650 ⁰⁰
parts & Labour	1		

TOTAL ▶ \$650⁰⁰

Thank you for your business!
Payment due upon receipt.



P.O. Box 564
Anderson, Texas 77830
(936) 760-5379

DATE: 11-1-25

CUSTOMER NO.: _____

COUNTY: Grimes

INSPECTION REPORT

OWNER: Colleen Brown

AEROBIC TYPE/SIZE: _____

Site Address:
1142 Fletcher
Anderson, Tx 77830

Mailing Address (if different):
281-380-5225

Inspected Items:

DESCRIPTION	ACCEPTABLE	UNACCEPTABLE	COMMENTS
Aerator	✓		
Effluent	✓		1"-2" of sludge
Turbidity	✓		
Scum overflow	✓		
Odor present	✓		
Air filter	✓		
Effluent pump	✓		
Sprinkler operation	✓		
Lids secured	✓		

Tests Required and Results:

TEST	REQUIRED	RESULTS	TEST METHOD
BOD (grab)	—	N/A	—
TSS (grab)	—	N/A	—
Chlorine residual	Yes	0.07	Total Chlorine

Repairs to system: Will let Ken know about Broken sprinkler head. repaired 11/20/2025

Comments:

Signature of Inspector: [Signature]

Class II OSSF Installer License #OS0035881
OSSF Maintenance Provider License #MP0002404



Texas Engineered Roofing
33300 Lois Ln, Ste. 1 The Woodlands, TX 77354
Phone: 281-259-3300
Fax: 281-259-3301
Company Representatives:
Matt Erickson
(832) 314-7022
matt@txengineeredroofing.com
Job Number: TX24-13648

B
11/22/25

Customer Info:
Job #: TX24-13648
Brown, Coleen
1142 Fletcher,
Anderson, TX, 77830
(281) 380-5225-mobile

Roofing- Preventative Maintenance

Description
Seal all exposed nails and nail pops Re-Seal all pipe flashings with urethane sealant. Re-paint pipe flashing and heater stack with high temp metal roof paint Paint all exposed metal with hi-temp metal roof paint Re-attach head metal Clean all gutters Clean up all debris

Roofing- Ridge Vent Replacement

Description
Remove All existing ridge vents and ridge cap shingles on vents (152 LF) Install new Certainteed Ridge Vents- 152 LF (38 EA) Install new ridge cap shingles onto new ridge vents- 5 Bundles Dispose of all trash and debris from the repair

Roofing- Re-roof Previous Repair (left dormer)

Description
Remove shingles in previous repaired area Remove existing step flashing and felt Install synthetic underlayment and ice & water shield Install new step flashing along dormer Install new shingles onto repaired area (color will be matched) Remove all trash and debris from the jobsite

Total: **\$2,050.00**

Notes/Comments:

All materials, labor and taxes are included.

These repairs will address the previously repaired area, replacing all the ridge vents, and servicing the entire roof system.

Thank you for the opportunity to earn your business!

Matt

Company Authorized Signature

Date

Colleen Brown

Customer Signature

2/17/2024

Date

Customer Signature

Date

This estimate was last edited by Matt Erickson ((832) 314-7022, matt@tceengineeredroofing.com) on February 14, 2024. The estimate may be withdrawn if not accepted within _____ days.

CWS PROPANE LLC

P.O. BOX 2968
CONROE, TX 77305
(877) 747-4328

415 S. FRAZIER
CONROE, TX 77301
(936) 441-4328

13581 US HWY 190W
ONALASKA, TX 77360
(936) 646-3680

5/11/2011

Name: Colleen Brown

Call Date: 3-7-25

Address: 1142 Feltz Ct

Instructions: No Cutoffs Safety

Anderson, TX 77830

Home: 281-380-5225 EMAIL ADDRESS: _____

Appliance	Central Heating	Central Heating	Water Heater	Water Heater	Clothes Dryer	Range	Other
Manufacturer							
Model No.							
Serial No.							
Location	000	000	000	000	000	000	000
Age							
Manual Shutoff							
Existing							
Installed							
Venting							

Piping for dryers?
 Yes No

TANK/CYLINDER

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	Location	Condition	Paint	Pigtail	Fittings	Gauge	Condition	Relief Valves	Capacity	Fittings Leak Test
000	A12111641	Kinm	2014	Left side	Very Good	UV	yes	yes	yes	Good	10ERS	4065	PASS

PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE/ INTEGRAL 2 STAGE		Piping Material	Size	Regulator Date Code	Regulator Condition	REG. MFR.	Model/Type	Reg. Vent Position	How Protected	Flow Pressure
Two Stage System	First	COPPER	5/8"	NO D 14	Good	REGO	14403R910	Standard	UG L.D	5-10 Paig
	Second	COPPER	5/8"	04A14	Good	REGO	14403R910	Standard	Numbered to house	9-13 In w.c.

SYSTEM LEAK CHECK

SINGLE STAGE/ INTEGRAL 2 STAGE		Start Pressure	Start Time	End Pressure	End Time	Lockup Pressure	Comments:
Two Stage System	First	12.0 Paig	8:41 AM	12.0 Paig	8:46 AM	12.0	
	Second	In w.c.		In w.c.			

This inspection covers (propane/LP-Gas) items and equipment visible and accessible to the service technician and represents the condition existing on the date of inspection. It does not cover latent or manufacturing defects or the internal working of sealed equipment, or structural components, and cannot be construed to cover future defects or unforeseen happenings. **WARNING: Flammable Gas.** The registered to install, modify, or repair of an LPG system by a person who is not licensed or registered to install, modify, or repair an LPG system may cause injury, harm, or loss. Contact a person licensed or except as otherwise provided by applicable law.

Colleen Brown

(Please Print Customer or Customer's Representative Name)

Michelle Seftel

(Please Print Company's Representative's Name)

- Know how to turn off the gas in case of an emergency.
- Have smelled propane and can detect the odor.
- Have received the consumer safety information.
- Had gas system deficiencies and/or corrections, if any, clearly explained to me.
- Am satisfied with the service work performed.

- Consumer Smelled Gas? Yes
- Performed Odor Test? Yes
- Left Consumer Safety Info? Yes
- Performed Leak Check? Yes

Per customer, no other appliances on propane.

X COLLEEN BROWN

Colleen Brown 3/14/25

Customer's Signature

Date

Michelle Seftel 3-7-25

Service Technician or Company Representative's Signature

Date