

Affordable Septic
9502 Evan Drive
Alvin Tx 77511
281-997-8594
Email : affordableseptic@aol.com

AFFORDABLE \$EPTIC

"QUALITY WORK AT AFFORDABLE PRICES"

PROPOSAL

Date 1/30/2024

Proposal Submitted to:

Name Jaun Gonzalez
Street _____
City _____ State _____
Zip _____ Phone 346-464-0660

Work to Be Performed at:

Street 20001 E. PALOMA
City Rosharon
State TX Zip 77583

We hereby propose to furnish the materials and perform the labor necessary for the completion of:
All material is guaranteed to be as specified, and the above work to be performed in accordance with drawings and specifications submitted for the above work and completed in a substantial workmanlike manner for the sum of

Necessary to	
<u>Replace 20 Amp Breaker</u>	<u>\$54</u>
<u>Replace Buzzer</u>	<u>\$186</u>
<u>Replace Light Bulb</u>	<u>\$24</u>
<u>Replace Airline from compressor to control panel</u>	<u>\$70</u>
<u>Repair Broke Sprinkler Line</u>	<u>\$280</u>
<u>Annual Maintenance Contract</u>	<u>\$300</u>
<u>Install liquid Chlorinator</u>	<u>\$570</u>
<u>Labor</u>	<u>\$550</u>
<u>Pump Out Complete Septic System</u>	<u>\$650</u>

DOLLAR \$2,684.00

With payments to be made as follows

Balance due upon completion

Any alteration or deviation from the above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control.

Respectfully submitted by **Affordable Septic Co.**

Per _____

Roger Trevino

Note- This proposal may be withdrawn by us if not

accepted within 30 days

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work specified. Payment will be as outlined above. Customer is providing safe and appropriate entry to property for construction equipment. 2 year warranty on workmanship and materials after completion of job.

Date _____

Customer Signature _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/3/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER El Dorado Insurance Agency, Inc. El Dorado Sec Svcs Ins Agy 3673 Westcenter Drive Houston TX 77042	CONTACT NAME: Certificate Department
	PHONE (A/C, No, Ext): (713) 521-9251 FAX (A/C, No): (713) 521-0125
INSURED Affordable Septic Co. LLC 9502 Evan Drive Alvin TX 77511	E-MAIL ADDRESS: certificates@eldoradoinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Western World Insurance Co
	INSURER B:
	INSURER C:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (02/23) REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

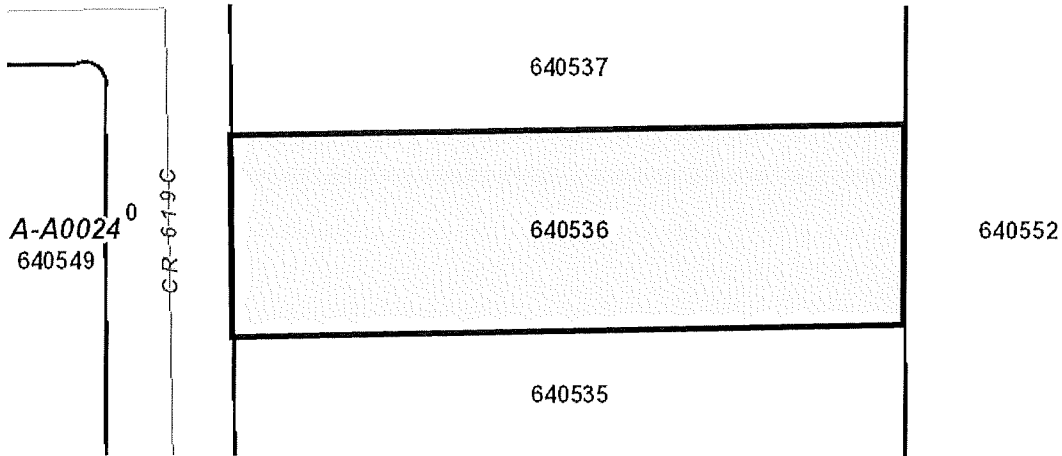
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			NPP9876334	2/14/2023	2/14/2024	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						GENERAL AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PRODUCTS - COMP/OP AGG \$ INCLUDED
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

El Dorado Insurance Agency
El Dorado Insurance Agency
El Dorado Insurance Agency
El Dorado Insurance Agency
El Dorado Insurance Agency
El Dorado Insurance Agency
El Dorado Insurance Agency
El Dorado Insurance Agency
El Dorado Insurance Agency
El Dorado Insurance Agency

CERTIFICATE HOLDER	CANCELLATION
SPECIMEN	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE R.L. Ring, Jr./KRISTI

Map



Property Details

Account

Property ID: 640536 **Geographic ID:** 6923-4100-278
Type: Real **Zoning:** 10/7/21 PPP

Property Use:

Location

Situs Address: 20001 E PALOMA LOOP TX 77583

Map ID: **Mapsco:** SAN16

Legal Description: PALOMA ACRES SEC 4-A (A0024 S F AUSTIN) LOT 278 ACRES 1.01 S# TXFLS12A73411FD11 HUD# TEX0541705;TITLE # 00770218

Abstract/Subdivision: S6923-41 - PALOMA ACRES SEC 4-A (A0024 S F AUSTIN)

Neighborhood: S6923

Owner

Owner ID: 1098832
Name: GONZALES JUAN B

Agent:

Mailing Address: 20001 E PALOMA LOOP
ROSHARON, TX 77583-5247

% Ownership: 100.0%

Exemptions: HS - Homestead
For privacy reasons not all exemptions are shown online.

Property Values

Improvement Homesite Value: \$187,150 (+)
Improvement Non-Homesite Value: \$0 (+)
Land Homesite Value: \$59,390 (+)
Land Non-Homesite Value: \$0 (+)

Agricultural Market Valuation:	\$0 (+)
Market Value:	\$246,540 (=)
Agricultural Value Loss: ⓘ	\$0 (-)
Appraised Value:	\$246,540 (=)
Homestead Cap Loss: ⓘ	\$47,473 (-)
Assessed Value:	\$199,067
Ag Use Value:	\$0

Information relating to 2023 should be considered a "work in progress". Prior year data is informational only and does not necessarily replicate the values certified to the tax office.

Information provided for research purposes only. Legal descriptions and acreage amounts are for appraisal district use only and should be verified prior to using for legal purpose and or documents. Please contact the Appraisal District to verify all information for accuracy.

Property Taxing Jurisdiction

Owner: GONZALES JUAN B %Ownership: 100.0%

Entity	Description	Tax Rate	Market Value	Taxable Value	Estimated Tax	Freeze Ceiling
CAD	BRAZORIA COUNTY APPRAISAL DISTRICT	0.000000	\$246,540	\$99,067	\$0.00	
DR5	BRAZORIA COUNTY DRAINAGE DISTRICT #5 (IOWA COLONY)	0.100472	\$246,540	\$84,254	\$84.65	
EM3	BRAZORIA COUNTY EMERGENCY DISTRICT #3	0.077385	\$246,540	\$189,067	\$146.31	
GBC	BRAZORIA COUNTY	0.270664	\$246,540	\$59,254	\$160.38	
HAD	ANGLETON-DANBURY HOSPITAL DISTRICT	0.088875	\$246,540	\$84,254	\$74.88	
NAV	PORT FREEPORT	0.016007	\$246,540	\$0	\$0.00	
RDB	ROAD & BRIDGE FUND	0.043284	\$246,540	\$59,254	\$25.65	
SAN	ANGLETON INDEPENDENT SCHOOL DISTRICT	1.034200	\$246,540	\$64,067	\$662.58	\$1,576.92

Total Tax Rate: 1.630887

Estimated Taxes With Exemptions: \$1,154.45

Estimated Taxes Without Exemptions: \$4,020.78

Property Improvement - Building

Description: RESIDENTIAL Type: Residential State Code: A1 Living Area: 1,664.00sqft Value: \$178,520

Type	Description	Class CD	Exterior Wall	Year Built	SQFT
OFP	OPEN PORCH	3		2021	660.00
MA	MAIN AREA	3	R5	2017	1,664.00

Description: MOBILE HOME 14X66 Type: Manufactured Housing State Code: A2 Living Area: 924.00sqft Value: \$8,630

Type	Description	Class CD	Year Built	SQFT
MAMH1	MOBILE HOME SINGLE WIDE	5	0	924.00

Property Land

Type	Description	Acreage	Sqft	Eff Front	Eff Depth	Market Value	Prod. Value
S1	PRIMARY SITE	1.0100	43,995.60	0.00	0.00	\$59,390	\$0

Property Roll Value History

Year	Improvements	Land Market	Ag Valuation	Appraised	HS Cap Loss	Assessed
2024	N/A	N/A	N/A	N/A	N/A	N/A
2023	\$187,150	\$59,390	\$0	\$246,540	\$47,473	\$199,067
2022	\$133,450	\$47,520	\$0	\$180,970	\$0	\$180,970
2021	\$139,470	\$40,390	\$0	\$179,860	\$0	\$179,860
2020	\$139,470	\$40,390	\$0	\$179,860	\$0	\$179,860
2019	\$132,120	\$40,390	\$0	\$172,510	\$0	\$172,510
2018	\$103,640	\$40,390	\$0	\$144,030	\$0	\$144,030
2017	\$22,380	\$57,020	\$0	\$79,400	\$0	\$79,400
2016	\$22,380	\$57,020	\$0	\$79,400	\$0	\$79,400
2015	\$17,160	\$39,600	\$0	\$56,760	\$0	\$56,760
2014	\$0	\$39,600	\$0	\$39,600	\$0	\$39,600
2013	\$0	\$19,800	\$0	\$19,800	\$0	\$19,800

Property Deed History

Deed Date	Type	Description	Grantor	Grantee	Volume	Page Number
12/27/2013	DV	DEED RETAINING VENDORS LIEN	SELSTAD 208 LTD	GONZALES JUAN B	14	000430