

On Site Sewage Facility Information Sheet
CROSSROADS (Calhoun, DeWitt, Victoria)

PROPERTY OWNER INFORMATION

Date: _____

Name: _____

Site Address: _____ **City:** _____ **Zip:** _____

Current Mail Add.: _____ **City:** _____ **Zip:** _____

Email Address: _____

Home Ph#: _____ **Work Ph#:** _____ **Cell Ph#:** _____

Referred By: _____

Address: _____ **City:** _____ **Zip:** _____

BILLING INFORMATION

Name: _____

Mailing Address: _____ **City:** _____ **Zip:** _____

Email Address: _____

Phone Number: _____

Payment Option: Personal Check: _____ **Cash:** _____

Credit Card (add 4% to bid price): _____

Purchase Order #: _____

Notes:

Customer instructions for completing septic system paperwork.

- 1 – County application. Fill out owner information
- 2 – Norweco Contract – Customer Signature and Date required
- 3 – Affidavit – Sign and print name of property owner.

NOTE: A copy of your property survey needs to be returned with papers (preferably a plot plan).

- 4 – Installation Contract – Read notes, sign and date.

NOTE: Duplicate copy is for your records

Please return all originals along with property survey to our office. The brochure is for your records.

If you have any questions or require additional information please feel free to call us anytime at 1-800-841-3447.

CUSTOMER CHECKLIST:

- ___ 1. Survey of Property or Plot Plan
 - ___ 2. Tax Receipt or Deed for legal description and proof of ownership
 - ___ 3. Well Log (if requested)
 - ___ 4. Correct 911 Address (Required for Floodplain)
 - ___ 5. Floodplain Signoff
-

Below for office use only.

Before the application is submitted to the D.R. the following is needed.

- ___ 1. Survey of property.
- ___ 2. Legal description is to be filled out on all paperwork.
- ___ 3. Affidavit to the public filed in the county clerk's office
- ___ 4. Well log.
- ___ 5. Maintenance contract.
- ___ 6. Check for permit.
- ___ 7. Site Evaluation.
- ___ 8. Engineered design
- ___ 9. Proposal Sheet
- ___ 10. Flood Plain Signoff.

VICTORIA COUNTY PUBLIC HEALTH DEPARTMENT
ENVIRONMENTAL SERVICES

Application for On-Site Sewage Facility
Construction

VCCHD USE ONLY

County _____

Application Date _____

Receipt No. _____

Application Log No. _____

- New
- Replacement
- Alteration

Property Owner Name: _____
(Last) (First) (Middle)

Mailing Address: _____

Telephone Numbers: _____
(Day) (Cell/Pager) (Fax)

OSSF Site Address: _____ Subdivision: _____

Legal Description: _____ Acres: _____
(Section/Tract) (Block) (Lot)

Water Source: Private Water Well Public: _____ Water Saving Devices: Yes No
Water Treatment System: Yes No

Single Family Residence: No. Bedrooms: _____ Square Footage: _____ Other: _____

Commercial/Institution/Multi-Family: No. Employees/Occupants/Units: _____ Days/wk Occupied: _____

I. Treatment Unit: Daily Wastewater Usage Rate: _____ gallons/day (gpd)

- A. Septic Tank Size: _____ gal. # Tanks/Compartments: _____
Pump Tank Size: _____ gal. 1st Tank/Compartment Volume: _____ gal.
- B. Aerobic Model: _____ Size: _____ gpd
Manufacturer: _____
- C. Other: _____

II. Disposal System: Drainfield Area: _____ sq ft Trench Depth: _____ inches

- A. Gravity
 - 4" with gravel _____ ft Trench width _____ ft Gravel depth _____ ft
 - 8" gravelless _____ ft 10" gravelless _____ ft Evapotranspiration Bed
 - Multipipe _____-pipe bundle _____ ft Leaching Chamber _____ ft or panels
- B. Other
 - Low Pressure Dosed _____ ft Trench width _____ ft Gravel depth _____ inches
 - Surface Irrigation _____ sq ft Drip Irrigation _____ ft
 - Mound Other _____

Site Evaluator: _____ Cert./License No. _____ Telephone: _____

Designer: _____ R.S./P.E. No. _____ Telephone: _____

Installer: _____ Registration No. _____ Telephone: _____

*****VICTORIA COUNTY ONLY: \$100 REINSPECTION FEE MAY BE REQUIRED *****
I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the authorized agent to enter upon the above described property for the purpose of lot evaluation and inspection of the on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with 30 TAC § 285, On-Site Sewage Facility Rules.

Signature of Owner _____

Date _____

THE COUNTY OF _____
STATE OF TEXAS

AFFIDAVIT

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities (OSSFs), this document is filed in the Deed Records of _____ County, Texas.

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities. Additionally, the Texas Water Code (TWC), §5.012 and §5.013, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TCEQ requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ that the appropriate OSSF was installed.

II

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property described as (insert legal description) _____

The property is owned by (insert owner(s) full name) _____

This OSSF shall be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally (when the permitting authority allows). As per §285.7(d)(4)(B) An owner may not maintain an OSSF under the provisions of this section for commercial, speculative residential, or multifamily property.

If applicable, applicant agrees that, in the event of sale of property, the properties above will be sold together as one. If the properties are to be sold separately, the existing on-site sewage facility which shares both properties must be dismantled. Permits for the alteration of the on-site sewage facility may be required. Planning materials for existing, permitted, on-site sewage facilities are available with the authorized agent, which at the time of this signing is the Victoria County Public Health Department Environmental Services located at 2805 N. Navarro, Victoria, Texas 77901.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from (insert permitting authority) _____

IN WITNESS WHEREOF (s)he has hereto set his/her hand.

SIGNATURE: _____

PRINT NAME: _____

(Owner(s) signatures)

I hereby certify that _____, known to me to be the affiant in the foregoing affidavit, personally appeared before me this day and having been by me duly sworn deposes and says that the facts set forth in the above affidavit are true and correct

WITNESS MY HAND AND OFFICIAL SEAL THIS THE _____ DAY OF _____, _____

Notary Public, State of Texas

Notary's Printed Name: _____

My Commission Expires: _____

Hurt's Wastewater Management, Ltd.
P.O. Box 662, Ganado, TX 77962
(800) 841-3447- Fax (361) 771-3452

Installation Contract

Installation Prices: Include appropriate trash and pump tank sizes.

- ___ 600 gpd Norweco Aerobic Unit
- ___ 750 gpd Norweco Aerobic Unit
- ___ 1000 gpd Norweco Aerobic Unit
- ___ 1500 gpd Norweco Aerobic Unit

Site evaluation / Design / Permit: Total _____ (Good for 60 days)

- **This is a dry bid only.** In the event the job site is not accessible due to the weather conditions, there will be an additional charge to mud the system in (either use of track hoe to dig and set tanks or use of mats to drive truck in). Additional amount charged is subject to severity of location.
- The above prices are based on the home having one stub out and the tanks being located within 15' of the stub out. If there is more than one stub out, there will be an additional charge per stub out to connect the pipe. In the event of multiple stub outs and the stub out being positioned such as to require the installation of a lift station, there will be additional charges.
- An additional charge of \$250.00 for Risers will be added if stub outs are more than 24"
- **Owner's electrician is responsible for bringing 30amp 110 circuit (for 600 gpd only) within 5' of stub out.** Hurt's will provide 15' of electrical, however extra wire and conduit will be an additional charge.
- **Excess dirt will be left stockpiled on job site.**
- **Hurt's will not responsible for damaging any unmarked underground lines.**
- **Homeowner or Builder** is responsible for water supply to fill tanks, as well as the removal and/or replacement of fences or structures.
- **Hurt's not responsible for back filling around tanks after dirt settles.** One load of sand provided by Hurt's to be used for 4" pad under tanks and filling around 4" pipe from house.
- **Payment in full required day of installation. Contract is with Hurt's and homeowner. If payment is coming from the builder, the homeowner is responsible for making sure Hurt's receives that payment.**
Visa / MasterCard / accepted at Hurt's office only. If used, there will be an additional charge.

Customer Signature

Date

Hurt's Wastewater Management, Ltd.

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