

On Site Sewage Facility Information Sheet

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.



FORT BEND COUNTY ENVIRONMENTAL HEALTH ON-SITE SEWERAGE FACILITY PERMIT APPLICATION

4520 Reading Road, Rosenberg, Texas 77471

281-342-7469

Key Map _____
Precinct _____

Permit Track # _____

EHD# _____ Office use

1. **PROPERTY OWNER:** _____
(LAST) (FIRST) (MIDDLE)

2. **MAILING ADDRESS:** _____
(STREET/P.O. BOX) (CITY/STATE) (ZIP)

3. **TELEPHONE NO. HOME:** () _____ **WORK:** () _____

4. **SITE ADDRESS:** _____
(STREET) (CITY) (ZIP)

5. **PROPERTY DESCRIPTION:** Lot _____ Block _____ Sec _____ Subdivision _____

Survey: _____ **OR** _____ Abstract _____ Vol. _____ Page _____

6. **LOT SIZE:** _____ Acres ***PROPERTY SURVEY MUST BE ATTACHED FOR ALL PROPERTIES.**

7. **SOURCE OF WATER:** ___ Private Well ___ Public Water Supply _____
(NAME OF WELL DRILLER OR SUPPLIER)

8. **SINGLE FAMILY RESIDENCE:** # Of Bedrooms _____ Living Area (Sq. Ft.) _____
Water Saving Devices Installed? Yes ___ No ___

9. **COMMERCIAL/INSTITUTIONAL** (including multi-family residences) **TYPE:** _____

NUMBER OF EMPLOYEES/OCCUPANTS/UNITS: _____ **Square Footage:** _____

11. **DESIGNER:** _____ **Registration #** _____ **Phone #** _____

12. **INSTALLER:** _____ **Registration #** _____ **Phone #** _____

13. **SITE EVALUATOR:** _____ **Registration #** _____ **Phone #** _____

16. **OWNER'S AGENT:** _____
(Authorization to Submit the Permit Application & the Planning Materials to the Permitting Authority)

This application is valid for one (1) year after dated receipt of payment.

Authorization is hereby given to Fort Bend County to enter upon the above described property for the purpose of inspecting sewage facilities for any reason consistent with the Texas Health and Safety Code.

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Property Owner Signature: _____ **Date:** _____

Reviewed By: _____ **Date:** _____
Fort Bend County Designated Representative

Hurt's Wastewater Management, Ltd.
John P. Hurt -Norweco Certified Technician No. 5208134
PO Box 662, Ganado, Texas 77962
321 Hwy 172
1-800-841-3447

NORWECO SINGULAIR
Initial Service Contract

Owners Name: _____
Address: _____ **Effective Date:** _____ **Per final inspection**
Street

City State Zip Expiration Date: _____
Telephone No: _____ **System Installed On:** _____
Directions: _____

This initial two year service contract for the Singulair Bio-Kinetic wastewater treatment system located at the site described above is intended to enable the owner to economically obtain regular service inspections for the Singulair unit, as well as non-scheduled or special service that may be required by a qualified technician. When this contract is in force, the owner will not be charged for any routine service labor. Under the terms of this service agreement, a technician will regularly inspect, test, and report the plant at four month intervals. The site will be visited following each special owner service request within a 48-hour period. The contract shall remain in effect for a period of two years, as specified in the effective and expiration dates listed above. All components of the Singulair unit are covered for a full two years warranty as determined by the dates above. The components include: concrete tanks, aerator, discharge pump, all electrical components installed as part of the system, filter / chlorination assembly, sprinkler heads, and piping. This service contract does not include the pipe from the structure to the tanks or any necessary sludge pumping that may need to occur. It shall also be understood that the homeowner is responsible for maintaining the chlorine in the system. The Texas Commission on Environmental Quality rules requires a service policy to be in effect at all times or the on-site sewage facility permit is considered void. All commercial systems will have a BOD and TSS test performed annually. Additional charges will be billed to the owner for the BOD and TSS test. The homeowner agrees to provide Hurt's Wastewater Management Ltd. with all gate combinations, keys, etc. to gain access to the system for the purpose of conducting routine inspections or service calls and to immediately notify with any changes and provide the new combinations or keys.

VIOLATION OF WARRANTY includes shutting off the electric current to the system for more than twenty-four hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, or introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

Customer Signature

Date

Hurt's Wastewater Management, Ltd.

Date

**AFFIDAVIT TO THE PUBLIC
CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

THE COUNTY OF FORT BEND
STATE OF TEXAS

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

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), §5.012 and §5.013, gives the commission 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 commission, under the authority of the TWC and Texas Health and Safety Code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission 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 commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

II

An OSSF requiring a continuous service policy, according to 30 Texas Administrative Code §285.91(12) will be installed on the property(ies) described and that this recorded affidavit affirms that the property(ies) will not be sold separately, subdivided, or re-platted without prior approval from the Fort Bend County Environmental Health Department.

1) Legal Description: _____

2) Legal Description: _____

_____ Check here if additional properties are involved. Provide additional legal descriptions on a separate sheet labeled "Attachment A".

Physical address(es): _____

The property is owned by:

Owner: _____

The OSSF shall be covered by a continuous service policy. All service on this OSSF must be performed by an approved maintenance provider, and a signed continuous service policy must be submitted to Fort Bend County within 30 days after the property has been transferred.

Upon any 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 Fort Bend County.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, _____.

(Owner(s) signature(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, _____.

Notary Public, State of Texas

Revised November, 2010

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

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