

**On Site Sewage Facility Information Sheet  
GALVESTON**

**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:** \_\_\_\_\_

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**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.

Site Evaluation: \_\_\_\_\_  
Building Application: \_\_\_\_\_  
Drainage Plan: \_\_\_\_\_  
Floodplain Information: \_\_\_\_\_

Health District OSSF Permit# \_\_\_\_\_  
City/County Building Permit# \_\_\_\_\_  
Receipt Number# \_\_\_\_\_

**GALVESTON COUNTY HEALTH DISTRICT  
ON-SITE SEWAGE FACILITY  
APPLICATION AND INSPECTION REPORT**

\_\_\_\_ NEW INSTALLATION  
\_\_\_\_ RENOVATION

1. PROPERTY OWNER'S NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: \_\_\_\_\_  
(STREET/P.O. BOX) (CITY/STATE) (ZIP)
3. TELEPHONE NO. DURING DAY: ( ) \_\_\_\_\_
4. SITE ADDRESS: \_\_\_\_\_  
(STREET) (CITY/STATE) (ZIP)
5. PROPERTY DESCRIPTION: Lot \_\_\_\_\_ Block \_\_\_\_\_ Sec. \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Lot Size: \_\_\_\_\_ **PROPERTY SURVEY OR SIMILAR DOCUMENT SHOULD BE ATTACHED.**
6. SOURCE OF WATER: \_\_\_\_\_ Private Well \_\_\_\_\_ Public Water Supply \_\_\_\_\_  
(NAME OF SUPPLIER)
7. SINGLE FAMILY RESIDENCE: No. Of Bedrooms \_\_\_\_\_ Living Area (sq. ft.) \_\_\_\_\_
8. **ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (gpd):** \_\_\_\_\_  
**WATER-SAVING DEVICES PROVIDED: (CIRCLE ONE) YES/NO**
9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: \_\_\_\_\_  
NO. OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_
10. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET? \_\_\_\_ YES \_\_\_\_ NO
11. Professional design required: \_\_\_\_ YES \_\_\_\_ NO If yes, professional design attached: \_\_\_\_ Yes \_\_\_\_ No  
DESIGNER: \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_  
PHONE NO. ( ) \_\_\_\_\_ (PE or RS)
12. INSTALLER: \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_  
PHONE NO. ( ) \_\_\_\_\_

I. SEWER (House drain):  
TYPE AND SIZE OF PIPE: \_\_\_\_\_ SLOPE OF SEWER PIPE TO TANK: \_\_\_\_\_

II. TREATMENT TANKS:

TANK #	MAT'L	NO. OF COMPARTMENTS	TYPE	SIZE	gals
#1	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____

III. SITE EVALUATION

**NOTE: Information worksheet must be attached for review to be completed.**

Soil Class/Texture \_\_\_\_\_ Load Rate \_\_\_\_\_  
Performed By \_\_\_\_\_ Registration NO. \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

IV. DISPOSAL AREA

TYPE: \_\_\_\_\_ MINIMUM AREA REQUIRED \_\_\_\_\_  
EXCAVATION WIDTH \_\_\_\_\_ DISTANCE BETWEEN EXCAVATIONS \_\_\_\_\_  
TYPE/SIZE OF MEDIA \_\_\_\_\_ TYPE/DIAMETER OF PIPE \_\_\_\_\_  
TYPE OF BARRIER \_\_\_\_\_ EXCAVATION DEPTH \_\_\_\_\_  
LANDSCAPE PLAN \_\_\_\_\_

V. PLOT PLAN

**NOTE: This information must be attached for review to be completed.**

- 1. Submit two (2) copies of the Galveston County Health District OSSF Application & Inspection Report.

The plot on the above mentioned form must include:

- a. Size and shape of lot or property.
- b. All structures on lot such as buildings, barns, pens, etc.
- c. Size and location of treatment tank(s),
- d. Size and location of wastewater disposal area,
- e. Distance of treatment tank(s) from house, property line, water well and wastewater disposal area,
- f. Distance of wastewater disposal area from house, property line, water well and treatment tank(s),
- g. Distance and direction to closest neighboring water well from treatment tank(s) and wastewater disposal area,
- h. Distance and direction to closer open water such as ponds, lakes, streams, etc.

\_\_\_\_\_  
DESIGNERS SIGNATURE

\_\_\_\_\_  
REGISTRATION NO.

\_\_\_\_\_  
DATE

This notice must be read and signed before these construction plans will be approved. AFTER APPROVAL A BUILDING PERMIT MUST BE SECURED FROM THE APPROPRIATE COUNTY OR CITY BUILDING INSPECTION DEPARTMENT. The final inspection is to assure the system has been constructed according to the submitted plan and is consistent with good public health engineering practices. The acceptance of this plan and approval of the final inspection, however, should not be construed to mean that the Galveston County Health District recommends, approves, certifies or guarantees On-Site Sewage Facility Systems or their satisfactory performance. In the Galveston County Facility Systems may not function satisfactorily at all times. This plan meets all State and local rules and laws including distance requirements.

\_\_\_\_\_  
Property Owner

**HEALTH DISTRICT USE ONLY**

Authorization to Construct Approved/Disapproved by \_\_\_\_\_ DR# \_\_\_\_\_ Date \_\_\_\_\_

Inspection Requested by \_\_\_\_\_ Date \_\_\_\_\_

Date inspection requested for \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Date inspection made \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Construction Approved/Disapproved by \_\_\_\_\_ DR# \_\_\_\_\_ Date \_\_\_\_\_

Disapproval notice given to \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE DRAW PLOT PLAN BELOW**  
**SCALE** \_\_\_\_\_

**PLEASE SKETCH DIRECTIONS TO PROPOSED CONSTRUCTION SITE IN SPACE BELOW.**



**Affidavit to the Public**

THE COUNTY OF GALVESTON     §  
STATE OF TEXAS                     §

**AFFIDAVIT**

According to Texas Commission on Environmental Quality Rules for On-Site Sewage (OSSFs) Facilities, this document is filed in the Deed Records of Galveston 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 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 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 maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property described as (insert full legal description and full location address):

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 under the guidelines of the regulatory authority.

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 may be obtained from the Galveston County Health District.

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  
Notary's Printed Name:  
My Commission Expires:

## Galveston County Health District Site Evaluation Form

Date: \_\_\_\_\_

Client: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Legal Description:

Site Address: \_\_\_\_\_

City/Area: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Sec: \_\_\_\_ Lot: \_\_\_\_ Block: \_\_\_\_

Survey: \_\_\_\_\_

Abstract No: \_\_\_\_\_

Property Size: \_\_\_\_\_

Acres: \_\_\_\_\_

Existing or proposed structure to be served: (Circle one) Existing Structure/New Structure

### Topography

Slope	Vegetation	Drainage
Flat: Under 2% ____  <b>Note:</b> If slope is flat a <b><u>detailed drainage plan</u></b> shall be provided on design.	Grass/Brush: ____	Poor: ____  <b>Note:</b> If drainage is poor a <b><u>detailed drainage plan</u></b> shall be provided on design.
Slight: Under 4% ____	Lightly Wooded: ____	Adequate: ____
Severe: Over 30% ____  <b>Note:</b> If slope is severe a <b><u>Topo Survey</u></b> with half foot contours should be provided with this form on design.	Heavily Wooded: ____	Good: ____
Other:	Other:	Other:

### Flood Hazard

Property is located:

Outside 100 year flood plain: \_\_\_\_\_

\*In 100 year flood plain: \_\_\_\_\_

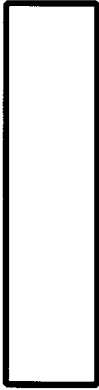
In 100 year flood plain and floodway: \_\_\_\_\_

**Note: \*Systems installed in flood plain must document how floatation concerns will be addressed on design. Attach a FEMA Flood Insurance Rate Map (FIRM) with property location identification or current survey with Flood Plain determination.**



## Soil Evaluation

(Based on at least two soil borings or two backhoe pits at opposite ends of the soil absorption area)



Profile Depth

Texture (USDA)

Color

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**(Minimum depth is two feet below proposed excavation)**



Profile Depth

Texture (USDA)

Color

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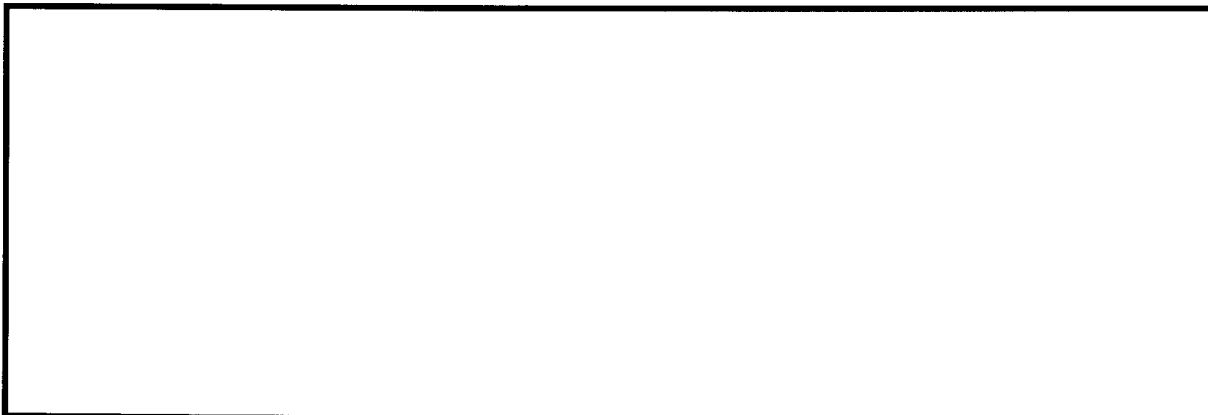
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**(Minimum depth is two feet below proposed excavation)**

Normal Textures (USDA) course sand/gravel, loamy sand, sandy loam, loam, sandy clay, clay loam, silty clay, clay.

**Note:** Location of bore holes must be shown on design or on a separate sheet of paper attached to this report.

**Separation Requirements** {show features in the area where the OSSF is to be installed that could be contaminated by the OSSF or could prevent the proper operation of the system in space below or attached page ( include items such as adjacent wells, ponds, slopes, etc)}



# RESTRICTIVE HORIZON

Restrictive Horizon within 24" below bottom of proposed excavation? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*\*\*

## GRAVEL ANALYSIS

(For Class II and Class III Soils with Gravel)

% Total Gravel: \_\_\_\_\_

% Gravel Less Than 2.0 mm: \_\_\_\_\_

% Gravel Greater than 5.0 mm: \_\_\_\_\_

\*\*\*\*\*

## EFFLUENT LOADING DETERMINATION

### Soil Class/Texture

### Gallons per day per square foot

Ia/Gravelly Soil >30% Gravel

To great for consideration >0.5

Ib/Sandy solis with <30% gravel

0.38

II/Sandy loams/loams

0.25

III/Sandy clay/clay loams

0.20

IV/Clay/silty clays

Unsuitable

0.10

Indication of seasonal water table: (Circle One)

Yes No

Depth: \_\_\_\_\_

\*\*\*\*\*

## FINDINGS

Is soil suitable for standard subsurface disposal methods? (Circle One) Yes No

Wastewater application rate \_\_\_\_\_ Gal/day/sq.ft.

I, \_\_\_\_\_, a registered \_\_\_\_\_

did personally conduct the site evaluation on \_\_\_\_\_  
(Date)

I certify that these results are true and correct for the property evaluated.

\_\_\_\_\_  
Site Evaluator

\_\_\_\_\_  
Registration Number

**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.**

\_\_\_\_\_  
**Date**

**Hurt's Wastewater Management, Ltd.**  
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**Date**

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\_\_\_\_\_  
**Date**