

**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:** _____

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.

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
 _____ **Expiration Date:** _____
City **State** **Zip**
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

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% ____ Note: If slope is flat a <u>detailed drainage plan</u> shall be provided on design.	Grass/Brush: ____	Poor: ____ Note: If drainage is poor a <u>detailed drainage plan</u> shall be provided on design.
Slight: Under 4% ____	Lightly Wooded: ____	Adequate: ____
Severe: Over 30% ____ Note: If slope is severe a <u>Topo Survey</u> 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: _____

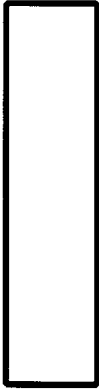
*In 100 year flood plain: _____

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

(Minimum depth is two feet below proposed excavation)



Profile Depth

Texture (USDA)

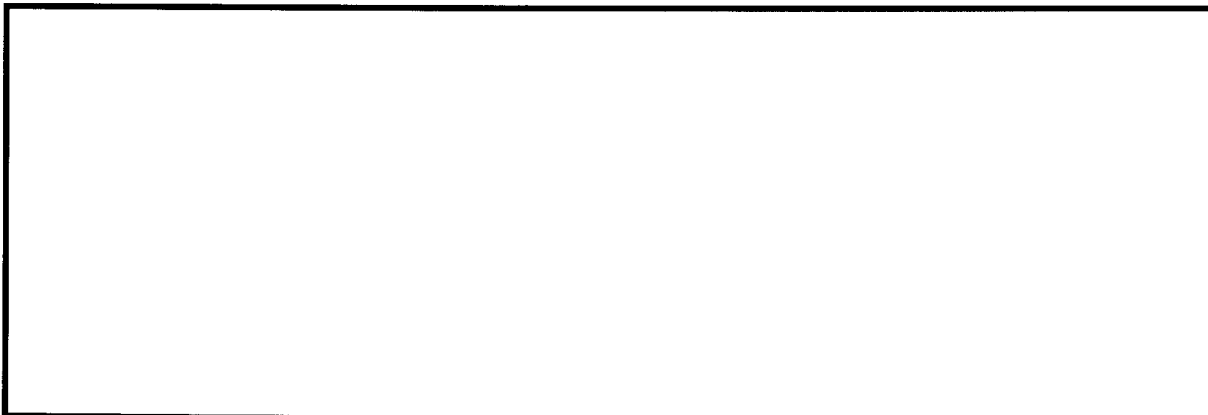
Color

(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

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