

**On Site Sewage Facility Information Sheet  
JACKSON**

**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.

**JACKSON COUNTY PERMIT & INSPECTION DEPARTMENT**

411 N. Wells – Room 130

Edna, Texas 77957

(361) 782-7552 Fax: (361) 782-0500

Email: l.mclennan@co.jackson.tx.us

**APPLICATION FOR ON-SITE SEWAGE SYSTEM FACILITY**

NOTE: All sections of OSSF application must be filled out entirely or application will be denied

**PERMIT #** \_\_\_\_\_ **RECEIPT #** \_\_\_\_\_ **DATE ISSUED** \_\_\_\_\_

**APPLICANT'S NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

*(House Number & Street or PO Box Number)*

*(City)*

*(Zip)*

*(Contact Phone No.)*

*(Email Address)*

**PROPERTY DESCRIPTION**

911 PHYSICAL ADDRESS \_\_\_\_\_

**LEGAL DESCRIPTION** \_\_\_\_\_

*(include lot size and/or acreage)*

**WATER SUPPLY**

IF PUBLIC WATER SUPPLY \_\_\_\_\_

*(name of water system)*

IF PRIVATE WELL ( ) existing ( ) proposed **CASING CEMENTED** ( ) yes ( ) no

**FACILITY INFORMATION (Must be completed or application will be denied)**

( ) NEW CONSTRUCTION – Residential ( ) / Single Family ( ) / Multi-Family ( ) / \*Commercial ( )

( ) EXISTING STRUCTURE-REPLACEMENT OF OSSF ONLY

\_\_\_\_\_ sq.ft. of structure \_\_\_\_\_ number of bedrooms water saving devices? \_\_\_yes \_\_\_no

( ) \*COMMERCIAL

*(type of business)*

*(# of persons served)*

**DESIGNED FOR** \_\_\_\_\_ **GALLONS PER DAY**

**TYPE OF SYSTEM TO BE INSTALLED (Mark one or application will be denied)**

( ) SURFACE APPLICATION ( ) LOW PRESSURE DOSING ( ) STANDARD

( ) DRIP IRRIGATION ( ) OTHER \_\_\_\_\_

**SITE EVALUATOR**

*(name, license #, email and phone #)*

**SYSTEM DESIGNER**

*(name, license #, email and phone #)*

**SYSTEM INSTALLER**

*(name, license #, email and phone #)*

AUTHORIZATION IS HEREBY GIVEN TO JACKSON COUNTY, TEXAS AND TO ITS AGENTS, OR DESIGNEES, SINGULARLY OR JOINTLY TO ENTER UPON THE ABOVE DESCRIBED PROPERTY DURING DAYLIGHT HOURS FOR THE PURPOSE OF INSPECTION OF SEWAGE FACILITIES.

\_\_\_\_\_  
*(Mandatory Signature of Property Owner and/or Agent)*

\_\_\_\_\_  
*(Date)*

**JACKSON COUNTY ENVIRONMENTAL SERVICES  
ON-SITE FACILITY SITE AND SOIL EVALUATION FORM**

Date Performed: \_\_\_\_\_ New Installation: \_\_\_\_\_ Replacement \_\_\_\_\_ Alteration \_\_\_\_\_

<p><b>Property Owner's Information:</b></p> <p>Name: _____</p> <p>Site Address: _____</p> <p>Mailing Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Contact #: _____</p> <p>Email Address: _____</p>	<p><b>Certified Site Evaluator/PE Information:</b></p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Contact#: _____ TCEQ Lic # _____</p> <p>Email Address: _____</p>
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<p><b>Property Description:</b></p> <p>Plat Date: _____ Sec. _____ Block _____</p> <p>Survey: _____</p> <p>Property Size: _____ Acreage: _____</p> <p>Subdivision: _____ Abstract: _____</p> <p>Unincorporated Area? Yes No</p> <p>Additional Info: _____</p>	<p><b>Installer Information:</b></p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Contact#: _____ Email: _____</p> <p>TCEQ License Number: _____</p>
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**TOPOGRAPHY**

<p><b><u>SLOPE</u></b></p> <p><input type="checkbox"/> Flat (under 2%)</p> <p><input type="checkbox"/> Slight (under 4%)</p> <p><input type="checkbox"/> Severe (over 5%)</p> <p><input type="checkbox"/> Gullies/Erosion</p>	<p><b><u>VEGETATION</u></b></p> <p><input type="checkbox"/> Grass / Brush</p> <p><input type="checkbox"/> Lightly Wooded</p> <p><input type="checkbox"/> Heavily Wooded</p>	<p><b><u>SITE DRAINAGE</u></b></p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Adequate</p> <p><input type="checkbox"/> Good</p>	<p><b><u>REFERENCE USDA/NRCS SOIL SURVEY BOOK</u></b></p> <p><input type="checkbox"/> Seasonal Water Table</p> <p><input type="checkbox"/> Water Table (upper water shed) evident</p> <p>Depth: _____</p> <p><input type="checkbox"/> Presence of adjacent ponds, streams, water impoundments</p>
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**WATER SUPPLY**

Private Well:  \*Public Water Supply:  \*Name of public water supply: \_\_\_\_\_

**For On-Site Water Well:**

Is water well less than 100 ft. from drainfield?  
*(\*If yes, attach documentation, i.e. well log or driller affidavit, that well is pressure cemented or grouted to required depth)* \*YES NO

Neighboring wells within 100 ft. of property line? *(\*If neighboring wells exist they must be shown on OSSF design)* \*YES NO

Water Saving Devices YES NO

Water Softener  Reverse Osmosis System  Other (Describe): \_\_\_\_\_

## SOIL EVALUATION

**REQUIREMENTS:**

- At least two soil evaluations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil boring or dug pits must be shown on OSSF Design/Drawing
- For subsurface disposal, soil evaluations must be performed to a depth of at least TWO feet below the proposed trench depth. For surface disposal, the surface horizon must be evaluated.
- Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depth.

Proposed Trench Depth \_\_\_\_\_ (Will be 18" to 36" unless designed by P.E. or R.S.)

Soil Boring Number: \_\_\_\_\_

Depth (Feet)	Textural Class	Soil Texture And Color	Gravel Analysis For Class II and III	Drainage (Mottles/Water Table) Indicate color of Mottling	Restrictive Horizon
0					
1					
2					
3					
4					
5					
6					

Soil Boring Number: \_\_\_\_\_

Depth (Feet)	Textural Class	Soil Texture And Color	Gravel Analysis For Class II and III	Drainage (Mottles/Water Table) Indicate color of Mottling	Restrictive Horizon
0					
1					
2					
3					
4					
5					
6					

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

\_\_\_\_\_  
Signature of Certified Site Evaluator/PE and License Number

\_\_\_\_\_  
Date

**AFFIDAVIT**

According to the Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities (OSSF's), this document is filed in the Deed Records of Jackson 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 legal description):

The property is owned by: \_\_\_\_\_  
(Printed Name(s))

This OSSF shall be covered by a continuous maintenance policy for the first two years. After the initial two year service policy, the owner of a single family residence and/or property to where the aerobic treatment system is located must either obtain a maintenance contract within 30 days of expiration of said policy or maintain the system personally (if allowable by the authorized agent). Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner of said property. A copy of the planning materials for the OSSF may be obtained from the Jackson County Permit & Inspection Department.

WITNESS MY/OUR HAND(S) ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Owner(s) Signature

\_\_\_\_\_  
Owner Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
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 be 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.**  
**P.O. Box 662, Ganado, TX 77962**  
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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**



**JACKSON COUNTY  
PERMITTING AND INSPECTION DEPARTMENT**

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**NOTICE TO OWNER OF NON-STANDARD AERBOIC TREATMENT UNIT**  
**Required to be submitted to permitting department for non-stand aerobic units**

Chapter §285.7(4)(B) of the TCEQ OSSF Regulations states “An owner may not maintain an OSSF under the provisions of this section for commercial, speculative residential, or multifamily property”. Therefore, a signed maintenance contract between the property owner and the approved maintenance company is required to be provided to the permitting authority (Jackson County).

Each OSSF Aerobic Treatment Unit is provided a two (2) year initial maintenance contract on the day of installation. **AFTER** the initial two (2) year contract, continuous maintenance is required and must be performed and provided by a TCEQ licensed maintenance provider who must be validated and registered with the permitting authority (Jackson County) to perform such service. It is the responsibility of the said property owner of each aerobic until to assure a signed written contract with a valid maintenance company is submitted to the permitting authority (Jackson County) at least 30 days prior to the expiration of the previous contract.

If the property owner sells the said property before the expiration of the current maintenance contract, notification must be given to the permitting authority (Jackson County) of such change. If a maintenance provider discontinues business, the property owner shall within 30 days of the termination date, contract with another approved maintenance provider and provide the permitting authority with a copy of the newly signed maintenance contract.

***I understand that as the property owner of an OSSF Aerobic Treatment Unit meeting the description outlined in §285.7(4)(B), that I am required to have in place, a continuous maintenance contract for the life of the aerobic treatment unit. Should I fail to have a contract in place, I am aware that I will be in violation of the Order Adopting Rules of Jackson County, Texas for On-Site Sewage Facilities, Health and Safety Code 341.014, 366.0515 and Texas Administrative Code, 30 TAC 285.7. Failure to have a current maintenance contract in effect will cause the permit issued for said system to be considered void and a complaint to be issued in the Justice of the Peace Court of law.***

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***(Property Owner-Printed Name)***

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***(Property Owner – Signature)***

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***(Date)***

**IMPORTANT NOTICE – READ BEFORE SIGNING**

**AFFIDAVIT**  
**Certification of OSSF Requiring Continuous Maintenance**

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**II**

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The property is owned by: \_\_\_\_\_  
(Printed Name(s))

This OSSF has been granted a variance; therefore, it must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved TCEQ licensed maintenance company, and a signed maintenance contract must be submitted to the **Jackson County Permit and Inspection Department** within 30 days after the property has been transferred.

The owner will upon sale or transfer of the above-described property, request a transfer of the permit for the OSSF be transferred to the buyer or new owner of said property. A copy of the planning materials for the OSSF may be obtained from the **Jackson County Permit & Inspection Department**.

WITNESS MY/OUR HAND(S) ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Owner(s) Signature

\_\_\_\_\_  
Owner Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Texas  
Notary's Printed Name:  
My Commission Expires: