

**On Site Sewage Facility Information Sheet  
LAVACA**

**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.

LAVACA COUNTY PERMIT & INSPECTION DEPARTMENT  
P.O. Box 243  
109 N. LaGrange  
Hallettsville, Texas 77964  
Email: [lavacaossf@co.lavaca.tx.us](mailto:lavacaossf@co.lavaca.tx.us) (361) 798-5310 / (361) 798-5490 fax  
**APPLICATION FOR ON-SITE SEWAGE SYSTEM FACILITY**  
New Construction and Alteration

RECEIPT # \_\_\_\_\_ ISSUED \_\_\_\_\_ PERMIT # \_\_\_\_\_ ISSUED \_\_\_\_\_

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

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

(number and street or P.O. box) \_\_\_\_\_

(city) \_\_\_\_\_ (zip) \_\_\_\_\_

(home phone) \_\_\_\_\_ (work phone) \_\_\_\_\_

PROPERTY DESCRIPTION  
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  
( ) NEW ( ) EXISTING ( ) RESIDENTIAL ( ) SINGLE FAMILY ( ) MULTI FAMILY

\_\_\_\_\_ 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:  
*(Permit Fee: \$200 Gravity or Pump Effluent / \$250 Aerobic or LPD / \$300 Commercial)*

( ) SURFACE APPLICATION ( ) PUMPED EFFLUENT ( ) LOW PRESSURE DOSING ( ) STANDARD  
( ) DRIP IRRIGATION \_\_\_\_\_ FT. ( ) 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 LAVACA 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.

\_\_\_\_\_  
(Signature of Property Owner) (Date)  
OSSF Application Form – App Form 1A – Created 6/7/2012

**LAVACA COUNTY, TEXAS  
FLOODPLAIN DETERMINATION APPLICATION**

**IF DETERMINATION IS MADE THAT:**

THE PROPOSED PROPERTY IS LOCATED **WITHIN** A SPECIAL FLOOD HAZARD AREA OF THE UNINCORPORATED AREA OF LAVACA COUNTY:

- It will require the filing of a permit for Development in a Special Flood Hazard Area (Step 2)

THE PROPOSED PROPERTY IS LOCATED **OUTSIDE** A SPECIAL FLOOD HAZARD AREA OF THE UNINCORPORATED AREA OF LAVACA COUNTY:

- No further documentation is necessary and all applicable permits will be released after applicable permit fees are received

**Sec. A) APPLICANT INFORMATION** (Property Owners Name)

Name of Applicant/Business Name: \_\_\_\_\_

Mailing Address (City, State, Zip): \_\_\_\_\_

Contact Number: (Area Code) \_\_\_\_\_

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

**Sec. B) PROPERTY LOCATION INFORMATION** (Application will not be processed without at minimum legal description and physical description of property for determination purposes. If possible Submit with 911 Address if Known – Use back of this form if necessary)  
If property is greater than 2 acres, please provide aerial map view showing location of proposed construction

**Sec. C) NATURE OF PROPOSED CONSTRUCTION:** (Be Specific and Use back of this form if necessary)

Possible Purchase  New Construction  Placement of Manufactured (Mobile) Home  Substantial Improvements to Existing Structure

Note: If substantial improvement box is checked, give estimated Cost of Substantial Improvement to existing structure: \$ \_\_\_\_\_

Other Type Development (Specifics): \_\_\_\_\_

Type of Structure: Residential  Commercial  (Please define): \_\_\_\_\_

**Sec. D) SIGN AND DATE BELOW** (Application will not be processed unless signed and dated below and returned with applicable fee)

**WARNING:** By signing below you acknowledge that the flood hazard maps and other flood data used by the county in evaluating flood hazards to proposed developments are considered reasonable and accurate for regulatory purposes. On occasion, greater floods can and will occur and flood heights may be increased by man-made and natural causes. The county does not and cannot guarantee your property will not flood. Exempting you from the floodplain management regulations does not create any liability on the part of Jackson County, or any officer or employee of that entity, in the event that flooding and/or flood damage occurs. (44CFR 60.3)(1) requires permits for all proposed construction or other development in the county, including the placement of Mobile/Manufactured Homes within flood-prone areas (Special Flood Hazard Areas). The purpose of this Determination Application is to determine if the proposed development will be developed in or out of the SFHA. If the determination shows the proposed development to be located inside the SFHA then further permitting is mandatory. Also, if necessary and by signing below, I/We hereby grant permission to the Jackson County Floodplain Administrator to enter upon the above described property in order to make a proper and accurate determination of flood zone status.

Applicant(s) Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM AND APPROPRIATE FEE TO:**

Lavaca County Floodplain Administration  
P.O. Box 243  
109 N. La Grange Street  
Hallettsville, Texas 77964  
361-798-5310 / Fax: 361-798-5490

**DETERMINATION STATUS (For Official Use Only)**

Is the proposed development site located within a Special Flood Hazard Area? NO YES (if YES then further steps to be taken for SFHA DP)

ZONE: COMMUNITY NUMBER: 481178 PANEL NUMBER: FIRM DATE:

Floodplain Administrator Signature: Date: Precinct No:

Development Permit #:

OSSF Permit # (if Applicable):

Permit Fee Schedule Number Applied:	SFHA-1	SFHA-2	SFHA-3	SFHA-4	SFHA-5	PIPE-1	PIPE-2	PIPE-3	DP-1	DP-2	DP-3
Amount Due: \$ _____	Cash	<input type="checkbox"/>	M/O	<input type="checkbox"/>	Check	(Check #): _____					

Receipt Number: \_\_\_\_\_

**THE COUNTY OF LAVACA  
STATE OF TEXAS**

**CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

According to Texas Natural Resource Conservation Commission Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of Lavaca County, Texas.

**I**

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Natural Resource Conservation Commission (TNRCC) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), 5.012 and 5.013, gives the TNRCC 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 TNRCC, under the authority of the TWC and the 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 TNRCC requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TNRCC of the suitability of this OSSF, nor does it constitute any guarantee by the TNRCC that the appropriate OSSF was installed.

**II**

An OFFS requiring a maintenance contract, according to 30 Texas Administrative Code 285.91(12) will be installed on the property described as: \_\_\_\_\_

The property is owned by \_\_\_\_\_

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved company, and a signed maintenance contract must be submitted to Lavaca County Inspector within 30 days after the property has been transferred.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from Lavaca County Inspector.

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:

**LAVACA COUNTY ENVIRONMENTAL SERVICES  
ON-SITE SEWAGE FACILITY SITE AND SOIL EVALUATION**

*Revised 5-28-2014*

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 style="text-align: center;"><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 style="text-align: center;"><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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REFERENCE SOIL SYMBOL(S) HERE: \_\_\_\_\_ REFERENCE SOIL MAP PANEL# HERE: \_\_\_\_\_

**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 Softner     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

**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**



**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.**  
**P.O. Box 662, Ganado, TX 77962**  
**(800) 841-3447- Fax (361) 771-3452**

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\_\_\_\_\_  
**Customer Signature**

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

\_\_\_\_\_  
**Hurt's Wastewater Management, Ltd.**

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