

**On Site Sewage Facility Information Sheet**  
**TCEQ**

**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.

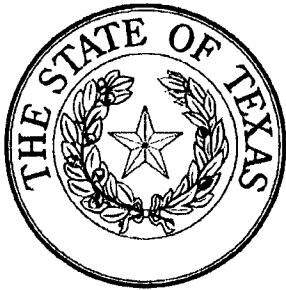
### CUSTOMER CHECKLIST:

- \_\_\_ 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.



Texas Commission on Environmental Quality  
**APPLICATION FOR ON-SITE SEWAGE FACILITY  
 NEW CONSTRUCTION**

<b>TCEQ USE ONLY</b>
APPLICATION NO. _____
DATE RECEIVED _____
AMOUNT _____

\_\_\_\_\_  
 TCEQ REGION NUMBER

\_\_\_\_\_  
 COUNTY OF INSTALLATION

1. PROPERTY OWNER'S NAME: \_\_\_\_\_  
 (Last) (First) (Middle)

2. CURRENT MAILING ADDRESS: \_\_\_\_\_

3. HOME PHONE NO.: ( ) \_\_\_\_\_ OTHER or FAX NO.: ( ) \_\_\_\_\_

4. 911 SITE ADDRESS: \_\_\_\_\_

5. PROPERTY LEGAL DESCRIPTION: \_\_\_\_\_

Acreage: \_\_\_\_\_ Plat Date: \_\_\_\_\_ Subdivision name (if applicable): \_\_\_\_\_

*PLEASE ATTACH VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY, OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION*

6. DIRECTIONS TO SITE: \_\_\_\_\_

7. SOURCE OF WATER:  Private Well  Public Water Supply \_\_\_\_\_  
 (Name of Supplier)

8. SINGLE FAMILY RESIDENCE: No. of Bedrooms: \_\_\_\_\_ Living Area (ft²): \_\_\_\_\_

9. COMMERCIAL/INSTITUTIONAL (other than single-family residence) TYPE: \_\_\_\_\_

BUSINESS / INSTITUTION NAME: \_\_\_\_\_

RESPONSIBLE OFFICIAL: \_\_\_\_\_ NO. OF EMPLOYEES/UNITS: \_\_\_\_\_

10. SITE EVALUATOR: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

PHONE NO.: ( ) \_\_\_\_\_ OTHER or FAX NO.: ( ) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

11. INSTALLER: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

PHONE NO.: ( ) \_\_\_\_\_ OTHER or FAX NO.: ( ) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Texas Commission on Environmental Quality to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.**

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

Texas Commission on Environmental Quality

ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

PROFESSIONAL DESIGN REQUIRED?: [ ] Yes [ ] No If yes, professional design attached: [ ] Yes [ ] No

Designer Name: \_\_\_\_\_ License Type and No. \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Other or Fax No. (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)

Stub out to treatment tank: \_\_\_\_\_

Treatment tank to disposal system: \_\_\_\_\_

II. DAILY WASTEWATER USAGE RATE: Q= \_\_\_\_\_ (gallons/day)

Water Saving Devices: [ ] Yes [ ] No

III. TREATMENT UNIT(S): [ ] Septic Tank [ ] Aerobic Unit

A. • Tank Dimensions: \_\_\_\_\_ • Liquid Depth (bottom of tank to outlet): \_\_\_\_\_

• Size Proposed: \_\_\_\_\_ (gal) • Manufacturer : \_\_\_\_\_

• Material/Model #: \_\_\_\_\_

• Pretreatment Tank : [ ] Yes SIZE : \_\_\_\_\_ (gal) [ ] No [ ] NA

• Pump/Lift Tank : [ ] Yes SIZE : \_\_\_\_\_ (gal) [ ] No [ ] NA

B. OTHER [ ] Yes [ ] No If yes, please attach description.

IV. DISPOSAL SYSTEM:

Disposal Type: \_\_\_\_\_

Manufacturer and Model: \_\_\_\_\_

Area Proposed : \_\_\_\_\_ square feet

V. ADDITIONAL INFORMATION:

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

- A. Soil/Site evaluation B. Planning materials (If Applicable)

DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT. UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

SIGNATURE OF INSTALLER OR DESIGNER: \_\_\_\_\_ DATE: \_\_\_\_\_

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at your local regional office or at 512/239-3799. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

**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 \_\_\_\_\_  
STATE OF TEXAS

According to Texas Commission on Environmental Quality (TCEQ) Rules for On-Site Sewage Facilities (OSSFs), this document is filed in the Deed Records of \_\_\_\_\_ 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 (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.

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 TCEQ.

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:

**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**

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

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

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

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