# On Site Sewage Facility Information Sheet BRAZORIA

# 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:
Name:		
BILLING INFO	RMATI	ON
Mailing Address:	City:	Zip:
Email Address:		
Phone Number:		
Payment Option: Personal Check: 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:**

	<ol> <li>Survey of Property or Plot Plan</li> <li>Tax Receipt or Deed for legal description and proof of ownership</li> <li>Well Log (if requested)</li> <li>Correct 911 Address (Required for Floodplain)</li> <li>Floodplain Signoff</li> </ol>	
	Below for office use only.	_
Befo	ore 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.	

# **ON-SITE SEWAGE FACILITY PERMIT APPLICATION**

BRAZORIA COUNTY ENVIRONMENTAL HEALTH DEPT
111 East Locust Bldg A-29, Suite 270 ANGLETON, TX 77515
HOUSTON (281)756-1600 ANGLETON (979)864-1600 CLUTE (979)388-1600

This application will expire one year from the application date if inspection not complete. No refunds once permit is issued.

Attach Copy of Legal Description (i.e. Deed, Plat, Survey, Appraisal)

<b>Permit Number</b>
□ \$250 Single Family
□ \$450 All Others
□ New
□ Replacement
□ Alteration
Type
<b>BCEHD USE ONLY</b>

	Attach Copy of Legal	Description (i.e. Deed, Fig	at, Sui vey, Appiaisai)	Type
PROPERTY OWNER				BCEHD USE ONLY
(NAME ON DEED) (LAST)		(FIRST)	(INT)	
PHONE NUMBERS		EMAIL		
MAILING ADDRESS				
SITE ADDRESS				_ Acres
WATER SOURCE ☐ Private ☐ Pub	olic	AF	(Name) Water	Saving Devices: Yes $\square$ No $\square$
SINGLE FAMILY RESIDENCE: # of	Bedrooms	Living Area(Sq Ft)	Daily Wastewa	ater Usage Rate
COMMERCIAL/MULTI FAMILY: Typ	ne	# of Employees/Units	Day	s/Wk Occupied
DESIGNER		Reg#	P	hone#
SITE EVALUATOR	1/5//	Reg#	P	hone#
INSTALLER		Reg#	P	hone#
MAINTENANCE PROVIDER		Reg#	Р	hone#
TREATMENT TANK(S):  Tank # of Compartmen #1 #2 #3 #4	ts Size	Manufacturer		lodel
DISPOSAL TYPE (check one):		III A		
•	☐ Leaching Chamber	☐ Low Pressure Dosir	ng 🔲 Surface Irrigat	ion 🗌 Drip Emitter
Disposal Area	Disposal Length	Tren	ch Depth	_ Trench width
I certify that the above statements ar upon the above described property f required prior to all components bein Signature of Owner (Name on Deed)	or the purpose of lot evalung covered and use of the	ation and inspection of the system.	OSSF. I also acknowledg	e that Inspection of the OSSF is Date
APPLICATION: ☐ APPROVAL☐ DIS	APPROVAL DATE	INSPECTOR		LIC#
Well Log or Plugging Reports Requir	red? □Yes □No Re	ecorded Plat Required?    Y	es □No Flood Zo	ne □Yes □No
Brazoria County Appraisal ID #	ETJ_		Flood Plain Info: 🗌	New Construction
Legal Description: SUB	Ab	SecBlock_	Lot	Precinct
Authorization to Construct Provided to Installer:		Date:	In person ☐ Fax ☐	Mail By:
INSPECTION:   APPROVAL  DISA			-	-
Final Permit Copies Provided to Installer:		Date:	_ 🗌 In person 🔲 Fa	x ☐ Mail By:
Provided to Maintenance Prov: Revised 10/10/23 jcs		Date:		x 🗌 Mail By:

# 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
<u>- , - , - , - , - , - , - , - , - , - ,</u>	Street		<del>_</del> ·
		Expiration Date:	
City	State	Zip	
		System Installed On:	
Directions:			
the site described a	bove is intended to	For the Singulair Bio-Kinetic wastewat enable the owner to economically ob	tain regular service inspections
technician. When the Under the terms of four month interval period. The contral expiration dates list warranty as determinating all electrical heads, and piping. In the electrical heads are pump, all electrical heads are pump, all electrical heads and piping. In the electrical heads are pump, all electrical heads are pump, all electrical heads and piping. In the electrical heads are pumpled for main rules requires a servicid. All commercial be billed to the own Management Ltd. Very management Ltd. Very management Ltd. Very months are provided in the electric pumples.	this contract is in for this service agreents. The site will be ext shall remain in exted above. All com- ined by the dates a components instal. This service contra- imping that may not not all systems will have the policy to be in all systems will have the for the BOD and with all gate combi- inspections or service.	scheduled or special service that may be orce, the owner will not be charged for nent, a technician will regularly inspectivisited following each special owner seffect for a period of two years, as special ponents of the Singulair unit are covered by the components include: concreted as part of the system, filter / chloricated does not include the pipe from the seed to occur. It shall also be understoome in the system. The Texas Commission effect at all times or the on-site seway we a BOD and TSS test performed and TSS test. The homeowner agrees to nations, keys, etc. to gain access to the vice calls and to immediately notify with	r any routine service labor.  ct, test, and report the plant at service request within a 48-house cified in the effective and red for a full two years ete tanks, aerator, discharge ination assembly, sprinkler structure to the tanks or any od that the homeowner is ion on Environmental Quality ge facility permit is considered hually. Additional charges will be provide Hurt's Wastewater e system for the purpose of
twenty-four hours,	disconnecting the a ted capacity, or into	udes shutting off the electric current to alarm system, restricting ventilation to roducing excessive amounts of harmfo	the aerator, overloading the
Customer Signatu	re		

Date

Hurt's Wastewater Management, Ltd.

# AFFIDAVIT TO THE PUBLIC (TO BE REGISTERED WITH THE BRAZORIA COUNTY CLERK)

#### THE COUNTY OF BRAZORIA

#### STATE OF TEXAS

#### CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

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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 it powers and duties under the TWC. The commission, 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 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.

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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 Brazoria County Environmental Health Department. WITNESS BY HAND(S) on this day of Property Owner(s)Signature(s) Printed Name(s) SWORN TO AND SUBSCRIBED BEFORE ME ON THIS\_\_\_\_\_\_DAY OF \_\_\_\_\_ 20\_\_\_\_\_ SEAL Notary Public, State of Texas

\*NOTE: Recorder mail to: Brazoria County Environmental Health Department, 111 E Locust, Angleton, Texas. 77515\* Rev 2/22/13 kyc

Notary's Printed Name/Expiration 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.		
<ul> <li>An additional charge of \$250.00 for Risers will be added if stub outs are more than 24"</li> </ul>		
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		

Date

Hurt's Wastewater Management, Ltd.

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