

**On Site Sewage Facility Information Sheet**  
**WILSON**

**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.



Wilson County Health & Public Safety
800 10th Street Building B
Floresville, Texas 78114
830-393-8503

Wilson County Use Only
OSSF Permit #

APPLICATION FOR ON-SITE SEWAGE FACILITY
TCEQ Region 13

- New system
Replacement
Repair/Alteration

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:

Acreeage: 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: No. of Bathrooms: Living Area (ft^2):

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 Wilson County Health & Public Safety 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:



Wilson County Health & Public Safety  
 800 10<sup>th</sup> Street Building B  
 Floresville, Texas 78114  
 830-393-8503

Wilson County Use Only  
 OSSF Permit # \_\_\_\_\_

TCEQ Region 13

**ON-SITE SEWAGE FACILITY  
 TECHNICAL INFORMATION FOR PERMIT**

**PROFESSIONAL DESIGN REQUIRED per Wilson County Ordinance**

**Designer:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**License Type:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:**( ) - - **Fax:**( ) - - **Email:** \_\_\_\_\_

**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 / No SIZE : \_\_\_\_\_ (gal)

Pump/Lift Tank : Yes / No SIZE : \_\_\_\_\_ (gal)

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

**IV. DISPOSAL SYSTEM:**

Disposal Type: \_\_\_\_\_ Trench: length \_\_\_\_\_ x \_\_\_\_\_ width

Area Proposed: \_\_\_\_\_ square feet Area required: \_\_\_\_\_ 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 DESIGNER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*If you have questions on how to fill out this form or about the on-site sewage facility program, please contact the Wilson County Health and Public Safety Office at 830-393-8503. Individuals are entitled to request and review the personal information that WC H&PS gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 830-393-8503.*

**WILSON COUNTY  
OSSF SOIL EVALUATION**

Date Performed: \_\_\_\_\_ Proposed Excavation Depth: \_\_\_\_\_

Property Location: \_\_\_\_\_ Textural Class Determined For Drain field: \_\_\_\_\_

Name of Site Evaluator: \_\_\_\_\_ Registration Number: \_\_\_\_\_

**Requirements:**

At least two (2) soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Location of soil boring or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two (2) feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on this form. Indicate depths where features appear.

Soil Boring Number _____					
Depth (Feet)	Textural Class	Structure (if applicable)	Drainage (Mottles) Water Table	Restrictive Horizon	Observations
0					
1					
2					
3					
4					
5					

Soil Boring Number _____					
Depth (Feet)	Textural Class	Structure (if applicable)	Drainage (Mottles) Water Table	Restrictive Horizon	Observations
0					
1					
2					
3					
4					
5					

\*\*\*ATTACH COPY OF SITE DRAWING\*\*\*

**Features of Site Area**

Presence of 100 year flood zone	See Wilson County Development Permit Application
Presence of upper water shed	Yes No
Presence of adjacent ponds, streams, water impoundments	Yes No
Existing or proposed water well in nearby area	Yes No
Organized sewage service available to lot or tract	Yes No

**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 Site Evaluator

\_\_\_\_\_  
Date

## CARE OF YOUR NEW SEPTIC TANK

Facility owners' responsibilities: a properly designed on-site sewerage facility, properly constructed in a suitable soil can malfunction if the amount of water it is required to dispose of is not controlled. It will be the responsibility of the owner to maintain and operate the facility in a satisfactory manner. The proper performance of an on-site sewerage facility cannot be guaranteed even though all provisions of these Standards have been met. Inspection and licensing of an on-site sewerage facility by the licensing authority shall indicate only that the facility meets minimum requirements and does not relieve the owner of the property from complying with County, State and Federal Regulations. On-site sewerage facilities, although approved as meeting minimum Standards, must be upgraded by the owner, at the owner's expense, if the owner's operation of the nuisance conditions are threatened or occur, or if the facility when used does not comply with government regulations.

An on-site sewerage system should not be treated as if it were a city sewer. Economy in the use of water helps prevent overloading of a sewerage system that could lessen its usefulness. Leaky faucets and faulty commode fill-up mechanisms should be carefully guarded against. Garbage grinders can cause a rapid buildup of sludge or scum resulting in a requirement for more frequent cleaning and possible system failure. The excessive use of garbage grinders and grease discarding should be avoided.

Check commodes for leaks that may not be apparent. Add a few drops of food coloring to the tank. Do not flush. If the color appears in the bowl within a few minutes, the toilet flush mechanism needs adjustment or repair.

Do not use the toilet to dispose of cleaning tissues, cigarette butts or other trash. This disposal practice will waste water and also impose an undesired solids load on the treatment system.

Since it is not practical for the average homeowner to inspect his tank and determine the need for cleaning, a regular schedule of cleaning the tank at two (2) to three (3) year intervals should be established. Commercial cleaners are equipped to readily perform the cleaning operation. Owners of septic tank systems shall engage only persons registered with the Texas Commission on Environmental Quality to transport the septic tank cleanings.

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Signature of Property Owner

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Date

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Signature of Homeowner

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Date



30 TAC §285.90(2)

COUNTY OF WILSON §  
STATE OF TEXAS §

**AFFIDAVIT TO THE PUBLIC**

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

\_\_\_\_\_  
\_\_\_\_\_

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

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 Wilson County Health & Public Safety Office.

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 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**

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

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

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

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