

**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:** \_\_\_\_\_

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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

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### **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.

**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)

<p align="center"><b>Permit Number</b></p> <p><input type="checkbox"/> \$210 Single Family</p> <p><input type="checkbox"/> \$410 All Others</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Alteration</p> <p>Type _____</p> <p align="center"><b>BCEHD USE ONLY</b></p>
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PROPERTY OWNER \_\_\_\_\_  
 (NAME ON DEED) (LAST) (FIRST) (INT)

PHONE NUMBERS \_\_\_\_\_

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

SITE ADDRESS \_\_\_\_\_ Acres \_\_\_\_\_

WATER SOURCE  Private  Public \_\_\_\_\_ (Name) Water Saving Devices: Yes  No

SINGLE FAMILY RESIDENCE: # of Bedrooms \_\_\_\_\_ Living Area(Sq Ft) \_\_\_\_\_ Daily Wastewater Usage Rage \_\_\_\_\_

COMMERCIAL/MULTI FAMILY: Type \_\_\_\_\_ # of Employees/Units \_\_\_\_\_ Days/Wk Occupied \_\_\_\_\_

DESIGNER \_\_\_\_\_ Reg# \_\_\_\_\_ Phone# \_\_\_\_\_

SITE EVALUATOR \_\_\_\_\_ Reg# \_\_\_\_\_ Phone# \_\_\_\_\_

INSTALLER \_\_\_\_\_ Reg# \_\_\_\_\_ Phone# \_\_\_\_\_

MAINTENANCE PROVIDER \_\_\_\_\_ Reg# \_\_\_\_\_ Phone# \_\_\_\_\_

TREATMENT UNIT(S):  Septic Tank  Aerobic Tank # of Tanks/Compartments \_\_\_\_\_ Size \_\_\_\_\_ gal

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

DISPOSAL SYSTEM: Drainfield Area \_\_\_\_\_ sq ft Trench Depth \_\_\_\_\_ inches

Gravity  3" with gravel \_\_\_\_\_ ft  4" with gravel \_\_\_\_\_ ft Trench width \_\_\_\_\_ ft Gravel depth \_\_\_\_\_ ft

8" gravelless \_\_\_\_\_ ft  10" gravelless \_\_\_\_\_ ft  Leaching Chamber \_\_\_\_\_ ft/panels

Other  Low Pressure Dosing \_\_\_\_\_ ft Trench width \_\_\_\_\_ ft Gravel depth \_\_\_\_\_ inches

Surface Irrigation \_\_\_\_\_ sq ft  Drip Emitter \_\_\_\_\_ ft  Other \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Authorized Agent to enter upon the above described property for the purpose of lot evaluation and inspection of the OSSF. I also acknowledge that Inspection of the OSSF is required prior to all components being covered and use of the system.

Signature of Owner (Name on Deed) \_\_\_\_\_ Date \_\_\_\_\_

*DEPARTMENT USE ONLY BELOW THIS LINE*

APPLICATION:  APPROVAL  DISAPPROVAL DATE \_\_\_\_\_ INSPECTOR \_\_\_\_\_ LIC# \_\_\_\_\_

Well Log or Plugging Reports Required?  Yes  No Joinder Agreement Required?  Yes  No Flood Zone  Yes  No

Brazoria County Appraisal ID # \_\_\_\_\_ ETJ \_\_\_\_\_ Flood Plain Info:  New Construction  Upgrade

Legal Description: SUB \_\_\_\_\_ Ab \_\_\_\_\_ Sec \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Precinct \_\_\_\_\_

Authorization to Construct  
 Provided to Installer: \_\_\_\_\_ Date: \_\_\_\_\_  In person  Fax  Mail By: \_\_\_\_\_

INSPECTION:  APPROVAL  DISAPPROVAL DATE \_\_\_\_\_ INSPECTOR \_\_\_\_\_ LIC# \_\_\_\_\_

Final Permit Copies  
 Provided to Installer: \_\_\_\_\_ Date: \_\_\_\_\_  In person  Fax  Mail By: \_\_\_\_\_

Provided to Maintenance Prov: \_\_\_\_\_ Date: \_\_\_\_\_  In person  Fax  Mail By: \_\_\_\_\_



**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.

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 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.

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 Brazoria County Environmental Health Department.

WITNESS BY HAND(S) on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
**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

\_\_\_\_\_  
Notary's Printed Name/Expiration Date

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

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

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

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