

**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:** _____

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 (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 Fees: \$325 Commercial Aerobic (includes M.C. fee) \$300 Commercial all other systems

\$275 Aerobic (includes \$25 M.C. Fee) \$250 all other systems

() 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)

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 Lavaca 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 Lavaca 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 M/O Check (Check #): _____

Receipt Number: _____

THE COUNTY OF _____
STATE OF TEXAS

AFFIDAVIT

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, 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 (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), §5.012 and §5.013, gives the TCEQ 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 TCEQ, 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 TCEQ 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 TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ 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 (when the permitting authority allows). As per §285.7(d)(4)(B) An owner may not maintain an OSSF under the provisions of this section for commercial, speculative residential, or multifamily property.

If applicable, applicant agrees that, in the event of sale of property, the properties above will be sold together as one. If the properties are to be sold separately, the existing on-site sewage facility which shares both properties must be dismantled. Permits for the alteration of the on-site sewage facility may be required. Planning materials for existing, permitted, on-site sewage facilities are available with the authorized agent, which at the time of this signing is the TCEQ.

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 can be obtained from (insert permitting authority) _____.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, _____.

PRINT: _____

SIGN: _____
(Owner(s) signatures)

SWORN 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 FACILITY SITE AND SOIL EVALUATION FORM**

Date Performed: _____ New Installation: _____ Replacement _____ Alteration _____

<p>Property Owner's Information:</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>Certified Site Evaluator/PE Information:</p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Contact#: _____ TCEQ Lic # _____</p> <p>Email Address: _____</p>
--	--

<p>Property Description:</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>Installer Information:</p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Contact#: _____ Email: _____</p> <p>TCEQ License Number: _____</p>
---	--

TOPOGRAPHY

<u>SLOPE</u>	<u>VEGETATION</u>	<u>SITE DRAINAGE</u>	<u>REFERENCE USDA/NRCS SOIL SURVEY BOOK</u>
<input type="checkbox"/> Flat (under 2%)	<input type="checkbox"/> Grass / Brush	<input type="checkbox"/> Poor	<input type="checkbox"/> Seasonal Water Table
<input type="checkbox"/> Slight (under 4%)	<input type="checkbox"/> Lightly Wooded	<input type="checkbox"/> Adequate	<input type="checkbox"/> Water Table (upper water shed) evident
<input type="checkbox"/> Severe (over 5%)	<input type="checkbox"/> Heavily Wooded	<input type="checkbox"/> Good	Depth: _____
<input type="checkbox"/> Gullies/Erosion			<input type="checkbox"/> Presence of adjacent ponds, streams, water impoundments

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 Softener 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. I hereby state that I am certified to perform the Site and Soil Evaluation and my certificate is on file with Lavaca County.

Signature of Certified Site Evaluator/PE and License Number

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 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

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