

**On Site Sewage Facility Information Sheet
WALLER COUNTY**

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.

PERMIT NO. _____ DATE _____

TO THE SEPTIC SYSTEM PERMIT SECTION: **Commercial** _____ **Residential** _____

The undersigned applicant hereby makes application for license to construct a private sewage facility in the unincorporated area of Waller County, Texas, as required by Rules of Waller, County, Texas, for Private Sewage Facilities.

I. APPLICANT INFORMATION

A. PROPERTY OWNER _____
(Last) (First) (Middle Int.)

B. MAILING ADDRESS _____
(Number & Street) Current Mailing Address

(City) (State) (Zip Code)

(Home Phone) (Work Phone)

C. APPLICANT IS: () Owner () Lessee () Other

II. LEGAL DESCRIPTION

A. IF IN A SUBDIVISION: _____
(Name of Subdivision)

(No. & Street) (Section, Block, Lot No.) (Lot Size)

IF NOT IN A SUBDIVISION _____
(No. & Street or Road) (Metes & Bounds) including Abstractor No, Survey, Tract No.

B. LOT SIZE _____ LOT DIMENSIONS _____

DIRECTIONS TO PROPERTY (For Inspector) _____

III. WATER SUPPLY INFORMATION

A. IF PUBLIC WATER SUPPLY _____
(Name, address and phone of supplier)

B. IF INDIVIDUAL WELL _____
(Name, address and phone no. of driller)

(Size) (Depth) (Case Or Cemented)

IV. FACILITY INFORMATION

A. TYPE OF DWELLING

() RESIDENTIAL _____ () Single Family _____
(No. of Bedrooms) (No. of Persons)
() Multi Family _____
() Mobile Home _____
() Other _____
() Square Footage _____

() COMMERCIAL _____
(Type of Business) (No. of Persons)

() INDUSTRIAL _____
(Type of Business) (No. of Persons)

() SCHOOL _____
(Average Daily Attendance) (School District)

(Address)

GPD (Gallon-per-day) _____

ENGINEERING PLAN AND SPECIFICATIONS IN SUPPORT OF APPLICATION SUBMITTED:

ENGINEER OR SANITARIAN _____ (TCEQ No.)
(Name) _____

(Address) (Phone)

SITE EVALUATOR _____ (TCEQ No.)
(Name) _____

(Address) (Phone)

SYSTEM INSTALLER _____ (TCEQ No.)
(Name) _____

(Address) (Phone)

AUTHORIZATION is hereby given to Waller County, Texas, the Texas Commission on Environmental Quality and to their agents, or designees, singularly or jointly, to enter upon the above described property during daylight hours for the purpose of inspecting sewage facilities for any reason consistent with the water quality program of the Texas Commission on Environmental Quality.

SIGNATURE OF OFFICIAL _____

SIGNATURE OF APPLICANT _____

(For Office Use)

- | | |
|-----------------------------------|----------------------------------|
| 1 - Absorptive Mounds _____ | 6 - Low Pressure Dosing _____ |
| 2 - Drip Emitters _____ | 7 - Standard Trenches/Beds _____ |
| 3 - Evapotranspiration Beds _____ | 8 - Surface Irrigation _____ |
| 4 - Graveless Pipe _____ | 9 - Other _____ |
| 5 - Leaching Chambers _____ | |

**WALLER COUNTY HOMEOWNER EDUCATION
CERTIFICATION**

Company Name

Address

City, State, Zip Code

Phone Number

Permit No. _____

Customer: _____

Address: _____

City, State: _____

I HAVE OR WILL SUCCESSFULLY COMPLETED MY HOMEOWNER EDUCATION WITH _____ . I HAVE OR WILL RECEIVED A COPY OF MY SERVICE POLICY, WARRANTY, MY HOMEOWNERS MANUAL, AND ANY OTHER RELATED PAPER WORK (DRAWINGS, PUMP OUT MANIFEST, ETC.) I HAVE OR WILL BE INFORMED ON THE BASIC OPERATION OF MY AEROBIC SEPTIC SYTEM.

DATE: _____

CUSTOMER SIGNATURE _____

DATE: _____

SERVICE COMPANY SIGNATURE _____

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

For Aerobic Only

THE COUNTY OF WALLER
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

.....According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of Waller 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 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 _____.

Legal Description

This property is owned by _____.

Owner's full name

This OSSF must 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 after being certified.

Upon any sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner; after a written notice to the permitting authority of the sale on the above property. A copy of the planning materials for the OSSF can be obtained from Waller County the Permitting Authority

Print Owner(s) name

Owner(s) Signature

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS ____ DAY OF _____, _____.

Signature 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.

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