

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

Owner To Fill In:

Date: _____

Name: _____

Site Address: _____ **City:** _____ **Zip:** _____

Current Mail Add.: _____ **City:** _____ **Zip:** _____

Home Ph#: _____ **Work Ph#:** _____

Cell Ph#: _____ **Fax Ph#:** _____

Payment Option: Personal Check: _____ **Cash:** _____ **Lender:** _____

Visa or MasterCard (add 4% to bid price): _____

To be filled out by person meeting owner.

Harness: Flex: _____ **Post:** _____ **What length:** _____

4" pipe needed: _____ **1" or 1-1/4" pipe needed:** _____

Sign in yard: _____ **Map made:** _____ **Job flagged: Y / N**

Lines to cross: telephone, gas, electrical, etc. _____

Notes:

Customer instructions for completing septic system paperwork.

Pg. 1 – Austin County Application – Fill out I-IV and sign.

Pg. 2 – Austin County Application - Leave blank.

Pg. 3 – Norweco Contract - Customer signature & Date required

Pg. 4 – 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.

Pg. 5 – Installation Contract - Read notes, Sign and Date.

NOTE: Duplicate copy is for your records.

Please return all originals to our office. The brochure and system design are for you to keep.

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.

(Office Use Only)

License No. _____ Date _____ Received _____

Development No. _____ Map No. _____ Zone _____

APPLICATION FOR ON-SITE SEWAGE FACILITY (OSSF) LICENSE

Applicant applies for a license to construct an On-Site Sewage Facility in the unincorporated area of Austin County, Texas, as required by Rules of Austin County, Texas, for On-Site Sewage Facilities.

I. APPLICANT INFORMATION: (all information must be completed)

A. APPLICANT'S NAME:

(Last) (First) (MI)

B. CURRENT MAILING ADDRESS:

(Number & Street Name)

(City, State, ZIP)

(Home Telephone) (Business Telephone)

II. PROPERTY INFORMATION: (all information must be completed)

A. SUBDIVISION: _____
(Name of Subdivision) (Sec., Block, Lot)

B. NOT IN SUBDIVISION: _____
(Abstract No. & Survey Name) (Property "R" #)

C. 911 ADDRESS: _____
(Number & Street Name)

(City/Town)

D. ACREAGE: _____ **E. RENTAL PROPERTY: YES / NO** (circle one)

E. SEASONAL / YEAR-ROUND (circle one)

F. DIRECTIONS TO PROPERTY (from Courthouse): _____

III. WATER SUPPLY INFORMATION: (all information must be completed)

A. INDIVIDUAL WATER WELL: _____
(Name of Drilling Co. & Telephone #)

B. PUBLIC WATER SUPPLY: _____
(Name of Co. & Telephone #)

IV. STRUCTURE INFORMATION: (all information must be completed)

A. DWELLING INFORMATION:

- () RESIDENTIAL / SINGLE FAMILY
- () MULTI FAMILY
- () MANUFACTURED HOME
- () BARN / STORAGE BUILDING
- () COMMERCIAL / INDUSTRIAL

Name of Company: _____

Type of Business: _____

Number of People Working at Location: _____

_____ NUMBER OF PEOPLE LIVING AT LOCATION

_____ SQ. FT. OF LIVING AREA

_____ YEAR BUILT

1 2 3 4 5+ NUMBER OF BUILDING ON PROPERTY

1 2 3 4 5+ NUMBER OF BEDROOMS

1 2 3 4 5+ NUMBER OF FULL BATHS

1 2 3 4 5+ NUMBER OF ½ BATHS

B. CHECK TYPE OF FIXTURES:

_____ WATER SAVING

_____ NON-WATER SAVING

_____ GREASE TRAP

_____ GARBAGE DISPOSAL

V. ENGINEERING PLAN AND SPECIFICATIONS IN SUPPORT OF THIS APPLICATION SUBMITTED:

A. SITE EVALUATOR: _____
(Name) (Telephone #)

Certificate #: _____

(Address) (City/ZIP)

B. ENGINEER / SANITARIAN: _____
(Name) (Telephone #)

Certificate #: _____

(Address) (City/ZIP)

C. SYSTEM INSTALLER: _____
(Name) (Telephone #)

Certificate #: _____

(Address) (City/ZIP)

I hereby authorize Austin County, Texas, the Texas Natural Resource Conservation Commission and their agents to enter the described property during daylight hours to inspect for On-Site Sewage Facilities for any reason consistent with the water quality program of the Texas Natural Resource Conservation Commission.

SIGNATURE OF APPLICANT: _____

APPLICATION ACCEPTED BY: _____

NOTE:

THE FOLLOWING MUST BE INCLUDED WITH APPLICATION TO PROCESS THE ON-SITE SEWAGE FACILITY LICENSE:

- 1. FEE**
- 2. DEED**
- 3. SITE EVALUATION / DRAWING**
- 4. DESIGN (if applicable)**
- 5. AFFIDAVIT TO PUBLIC**
- 6. MAINTENANCE CONTRACT (if applicable)**

THE COUNTY OF AUSTIN
STATE OF TEXAS

**AFFIDAVIT TO THE PUBLIC
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 Austin 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 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 continuous service policy, according to 30 Texas Administrative Code §285.91(12) will be installed on the property(ies) described and that this recorded affidavit affirms that the property(ies) will not be sold separately, subdivided, or re-platted without prior approval from the Austin County Environmental Health Department.

1) Legal Description: _____

2) Legal Description: _____

_____ Check here if additional properties are involved. Provide additional legal descriptions on a separate sheet labeled "Attachment A".

Physical address(es): _____

The property is owned by:

Owner: _____

The OSSF shall be covered by a continuous service policy. All service on this OSSF must be performed by an approved maintenance provider, and a signed continuous service policy must be submitted to Austin County within 30 days after the property has been transferred.

Upon any 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 Austin County.

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

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 w/ 890 gal. pump tank 600 gpd w/ drip irrigation
750 / 1000 / 1250 / 1500 gpd Norweco Aerobic Unit

Site evaluation / Design / Permit: Total _____ John Hurt _____
(Good for 60 days)

- Note: **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 subject to severity of location.
- Note: The above prices are based on the home having one stub out and the tanks being located within 20' of the stub out. If there is more than one stub out, there will be an additional charge \$50.00 per stub out plus \$5.00 per foot 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.
- Note: An additional charge of \$250.00 for Risers will be added if stub outs are more than 24"
- Note: **Owners 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 cost \$6.00 per foot.
- Note: **Excess dirt will be left stockpiled on job site.**
(Hurt's not responsible for damaging any unmarked underground lines)
- Note: **Homeowner or Builder** is responsible for water supply to fill tanks, as well as the removal and/or replacement of fences or structures.
- Note: **Hurt's is 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 Required: _____

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Customer Signature: _____ Date Required: _____

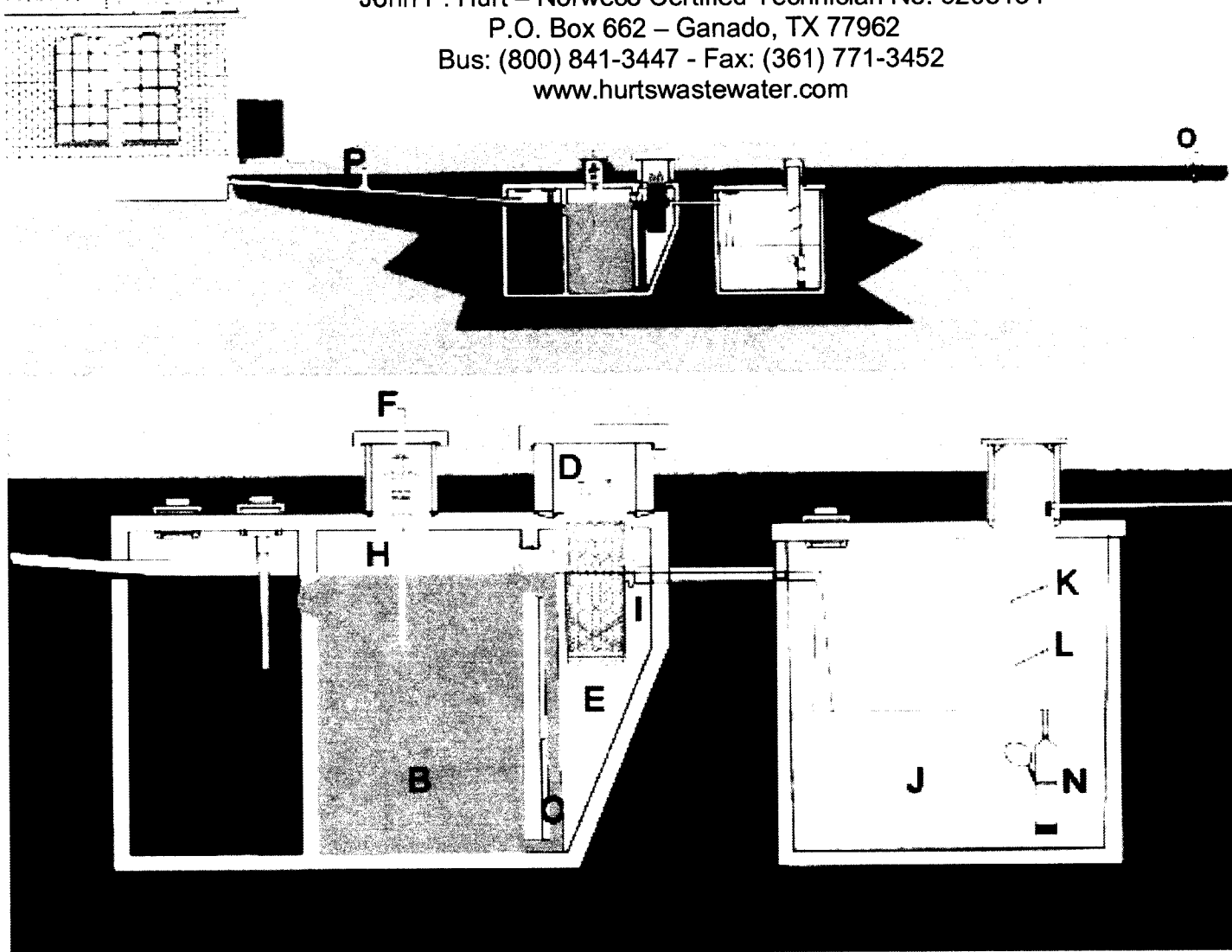
HURT'S WASTEWATER MANAGEMENT, LTD.

John P. Hurt – Norweco Certified Technician No. 5208134

P.O. Box 662 – Ganado, TX 77962

Bus: (800) 841-3447 - Fax: (361) 771-3452

www.hurtswastewater.com



A – Pretreatment Chamber

B – Extended Aeration Chamber

C – Sludge Return

D – Chlorination System

E – Clarification Chamber

F – Fresh Air Vent

G – Inspection Cover

H – Aerator

I – Filter Assembly

J – Pump Chamber

K – Alarm Float

L – Override Float

M – On/Off Float

N - Pump

O - Sprinkler

P – Clean Out

NOTE: Total System Capacity – 1,300 Gallons
Total Capacity – 889 Gallons

RATED CAPACITY: 600 Gallons Per Day