

**On Site Sewage Facility Information Sheet
BRAZORIA 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 – Brazoria County application. Can not use internet copy for Brazoria County.
Must be original, legal size, color application. Call Hurt's.

Pg. 2 – Norweco Contract - Customer signature & Date required

Pg. 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.

Pg. 4 – Installation Contract: Read notes, Sign and Date.

NOTE: Duplicate copy is for your records.

Please return all originals to our office. The brochure is 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.



PERMIT NO _____
YY JJJ NNNNN

Disposal Type*

APPLICATION FOR ON-SITE SEWAGE FACILITY

PERMIT AND LICENSE
BRAZORIA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
111 E 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 (1) YEAR FROM THE APPLICATION DATE IF FINAL INSPECTION IS NOT COMPLETED.

I hereby make application for a license to construct and operate an on-site sewage facility in Brazoria County, Texas. Permit fee is \$210.00 for a single family dwelling and \$410.00 for all other types. Make payable to the Brazoria County Environmental Health Department. **No refunds once permit is submitted.**

NAME _____ DATE _____
(LAST) (FIRST) (INT)

Mailing Address _____
(STREET & BOX) (CITY) (STATE) (zip)

Home Phone () _____ Office () _____

LOCATION OF CONSTRUCTION: Commissioners Precinct (1) _____ (2) _____ (3) _____ (4) _____

SITE ADDRESS: _____
(STREET & COUNTY ROAD) (CITY) (STATE) (ZIP)

LOT DIMENSIONS/Acreage ft. _____ by _____ Water Source: _____ Private _____ Public _____
(name)

LEGAL DESCRIPTION: Sec. _____ Block _____ Lot _____ Subdivision/Date _____

SINGLE FAMILY RESIDENCE: NO. of Bedrooms _____ Living Area (sq. ft.) _____

COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE _____

NO. OF EMPLOYEES/OCCUPANT/UNITS: _____ DAYS OCCUPIED PER WEEK: _____

SITE EVALUATOR: _____ CERTIFICATION NO: _____

Professional design required? yes no if yes, professional design attached: yes no

DESIGNER: _____ LICENSE NO. (P.E. OR R.S.) _____ PH# _____

INSTALLER _____ REGISTRATION # _____ PHONE # () _____

Daily Wastewater Usage Rate: Q= _____ (gallons/day) Water saving devices: yes _____ No _____

Disposal system Type _____ Area required _____

SPRAY AREA sq. ft. _____ plans: As per 285.7 O.S.S.F. Rules

L.P.D. / Pumped Effluent drain field size sq. ft. _____ Length: _____ Width _____ Depth _____

Standard drain field size lineal ft _____ Length: _____ Width _____ Depth _____

Sewer (House drain) Type and size of Pipe _____ Slope of sewer pipe to tank: _____

Treatment Unit:

Septic Tank: Tank dimensions: _____ Liquid depth (tank bottom to outlet): _____ Size required: _____

Size proposed _____ Concrete: _____ Fiberglass _____ Other: _____

Aerobic: Manufacturer _____ Model: _____ Size required: _____ Size proposed: _____

Concrete _____ Fiberglass _____ Other _____

Aerobic Treatment Tank Serial Number: _____ Other: _____

Additional Information: (note-This information must be attached for review to be completed)

A) Site Evaluation B) Planning Materials C) Pump Data D) Spray maintenance agreement/affidavit to the public (filed)

APPROVAL OF APPLICATION:

APPROVAL _____ DISAPPROVAL _____ DATE _____ INSPECTOR _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Brazoria County Environmental Health to enter upon the above described property for the purpose of lot evaluation and inspection of On-Site Sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with this commission's On-Site Sewage Facility Rules, TAC 30 Chapter 285.

(Signature of Owner) Date _____

Owner's Driver License Number _____

ACKNOWLEDGMENT

STATE OF TEXAS

COUNTY OF BRAZORIA

THE COUNTY OF BRAZORIA
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 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 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 Brazoria 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 Brazoria 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 Brazoria 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: _____

Hurt's Wastewater Management, Ltd.

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Customer Signature: _____ Date Required: _____

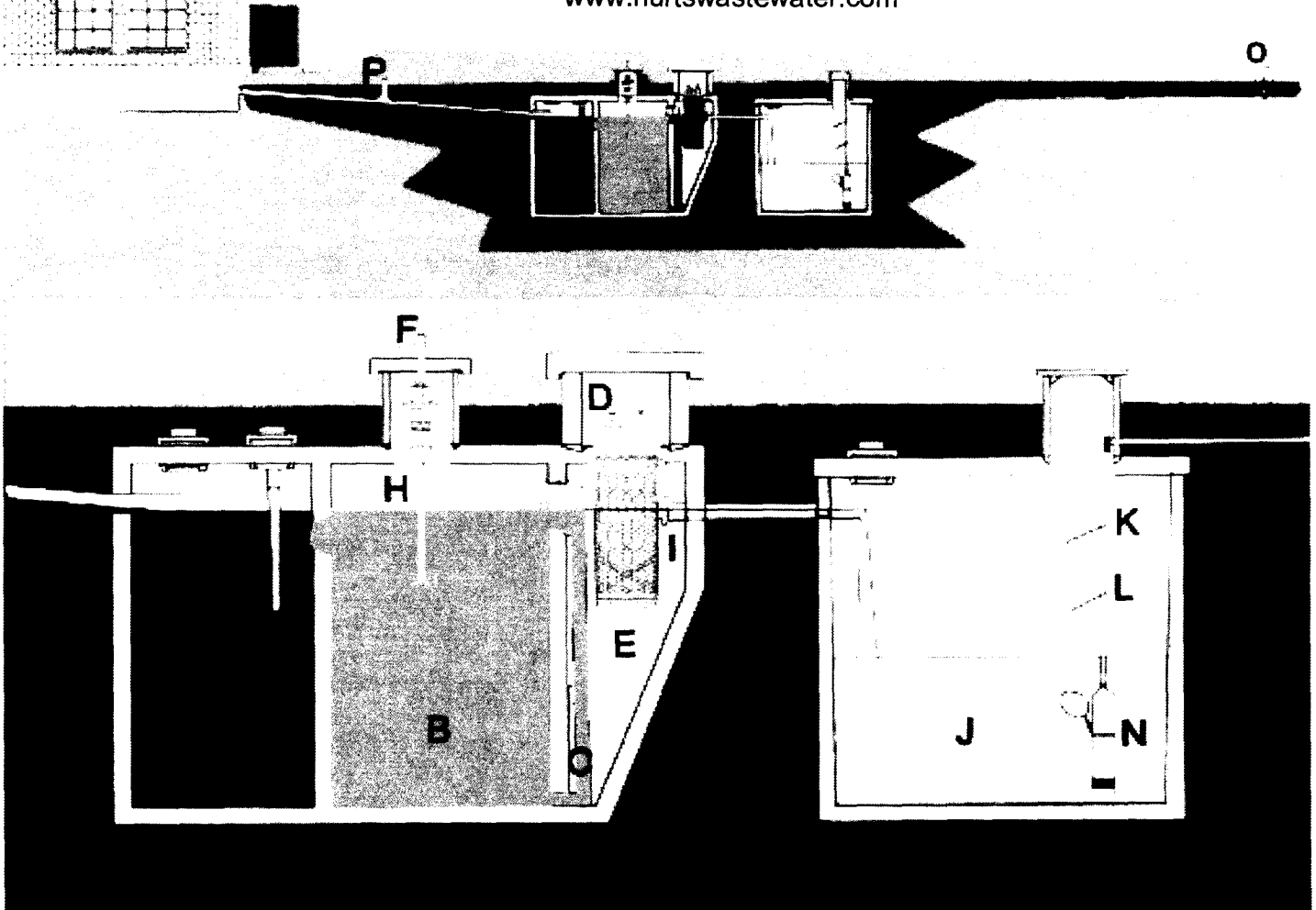
HURT'S WASTEWATER MANAGEMENT, LTD.

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