

**On Site Sewage Facility Information Sheet  
COLORADO 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): \_\_\_\_\_

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**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. 1a – Colorado Co. application - Leave blank.
- Pg. 1b – Colorado Co. application - Fill out all information.
- Pg. 1c – Colorado Co. application - Leave blank.
- Pg. 1d – Colorado Co. application - Read, sign and date.
- Pg. 1e – Colorado Co. application - Read, sign and date.
- 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 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

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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.

AEROBIC LPD STANDARD  
CHAMBER MP 9 MP 11

DATE & TIME: \_\_\_\_\_  
INSTALLER: \_\_\_\_\_  
CELL NO: \_\_\_\_\_

**COLORADO COUNTY OSSF OFFICE  
REQUIRED INFORMATION CHECK LIST  
FOR ON-SITE SEWAGE FACILITY (OSSF) LICENSE**

DATE \_\_\_\_\_ OWNER \_\_\_\_\_ PERMIT # \_\_\_\_\_

- \_\_\_\_\_ 1. ASSIGNED 911 PHYSICAL ADDRESS
- \_\_\_\_\_ 2. PROOF OF OWNERSHIP (CURRENT PROPERTY TAX RECEIPT OR 1<sup>ST</sup> PAGE OF PROPERTY DEED.
- \_\_\_\_\_ 3. LOCATION MARKED ON FEMA MAP
- \_\_\_\_\_ 4. ELEVATION CERTIFICATE (IF IN FLOODZONE)
- \_\_\_\_\_ 5. SOIL ANALYSIS REPORT
- \_\_\_\_\_ 6. TYPE OF SYSTEM REQUIRED
- \_\_\_\_\_ 7. SEPTIC SYSTEM DESIGN
- \_\_\_\_\_ 8. NOTARIZED & RECORDED AFFIDAVIT (ONLY IF AEROBIC SYSTEM IS REQUIRED)
- \_\_\_\_\_ 9. AEROBIC MAINTENANCE CONTRACT REQUIRED
- \_\_\_\_\_ 10. 911 ADDRESS IS VISABLY POSTED FROM THE ROAD
- \_\_\_\_\_ 11. AUTHORIZATION TO CONSTRUCT
- \_\_\_\_\_ 12. FINAL INSPECTION OF SYSTEM
- \_\_\_\_\_ 13. FINAL SEPTIC PERMIT ISSUED
- \_\_\_\_\_ 14. ALL INFORMATION HAS BEEN ENTERED INTO SAFE ON \_\_\_\_\_, 2010 BY \_\_\_\_\_

APPLICATION NO. \_\_\_\_\_

COLORADO COUNTY OSSF OFFICE  
305 RADIO LANE, SUITE 105  
COLUMBUS, TX 78934

**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 Colorado County, Texas, as required by Rules of Colorado County, Texas, for On-Site Sewage Facilities**

**PLEASE PRINT ALL REQUIRED APPLICANT INFORMATION**

**I. APPLICANT INFORMATION:**

_____ (FIRST NAME)	_____ (MIDDLE INITIAL)	_____ (LAST NAME)
_____ IF BUSINESS – NAME OF COMPANY		

**II. CURRENT MAILING ADDRESS:**

_____ P.O. BOX OR STREET NO.	_____ STREET NAME	_____ CITY	_____ STATE TX	_____ ZIP
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**PHONE NUMBERS:**

_____ WORK PHONE (EXT.)	_____ HOME PHONE	_____ FAX	_____ CELL PHONE
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**III. 911 PHYSICAL LOCATION OF PROPERTY:**

_____ STREET NO.	_____ STREET NAME	_____ CITY	_____ ZIP
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NAME OF SUBDIVISION \_\_\_\_\_

APPLICATION NO. \_\_\_\_\_

**COLORADO COUNTY OSSF OFFICE**  
305 RADIO LANE, SUITE 105  
COLUMBUS, TX 78934  
979-732-2435 PHONE  
979-732-5883 FAX

**IV. WATER SUPPLY INFORMATION:**

SOURCE OF WATER: \_\_\_\_\_ WELL \_\_\_\_\_  
NAME OF DRILLING CO. \_\_\_\_\_

\_\_\_\_\_ PUBLIC WATER SUPPLY \_\_\_\_\_  
NAME OF COMPANY \_\_\_\_\_

**V. STRUCTURE INFORMATION:**

**(A) DWELLING INFORMATION:**

- RESIDENTIAL/ SINGLE FAMILY  
 COMMERCIAL/MULTI FAMILY

TYPE OF BUSINESS: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

- MANUFACTURED MOBILE HOME  
 BARN/STORAGE BUILDING  
 BARN/CONDO

SQ. FT. OF LIVING AREA \_\_\_\_\_

Q-GPD (GALLONS PER DAY) \_\_\_\_\_

YEAR BUILT \_\_\_\_\_

NUMBER OF BEDROOMS \_\_\_\_\_

NUMBER OF FULL BATHS \_\_\_\_\_

**(B) CHECK TYPE OF FIXTURES:**

WATER SAVING: \_\_\_\_\_

NON-WATER SAVING \_\_\_\_\_

**(C) SEWAGE TREATMENT**

Installing New System ( )

Replacing Existing System ( )

APPLICATION NO. \_\_\_\_\_

**COLORADO COUNTY OSSF OFFICE  
305 RADIO LANE, SUITE 105  
COLUMBUS, TX 78934  
979-732-2435 PHONE  
979-732-5883 FAX**

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

**SITE EVALUATOR:** \_\_\_\_\_ **TCEQ LIC#** \_\_\_\_\_

**ENGINEER/SANITARIAN:** \_\_\_\_\_ **TCEQ LIC#** \_\_\_\_\_

**SYSTEM INSTALLER:** \_\_\_\_\_ **TCEQ LIC#** \_\_\_\_\_

**I authorize Colorado County, Texas, Texas Commission on Environmental Quality 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:** \_\_\_\_\_

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

**APPLICATIONS ACCEPTED BY:** \_\_\_\_\_

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

**PLEASE NOTE:**

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

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

**APPLICATION NO.** \_\_\_\_\_

**COLORADO COUNTY PERMIT OFFICE  
305 RADIO LANE, SUITE 105  
COLUMBUS, TX 78934  
979-732-2435 PHONE  
979-732-5883 FAX**

I CERTIFY THAT ALL THE INFORMATION GIVEN IN PAGES 1-5 OF THE ATTACHED STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

AUTHORIZATION IS HEREBY GIVEN TO THE COLORADO COUNTY OSSF AUTHORITY AND THE TEXAS NATURAL RESOURCES CONSERVATION COMMISSION TO ENTER UPON THE DESCRIBED PROPERTY FOR THE PURPOSE OF LOT EVALUATION AND INSPECTION OF THE ON-SITE SEWAGE FACILITY. A PERMIT TO OPERATE THE FACILITY WILL BE GRANTED FOLLOWING A 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.

\_\_\_\_\_  
ACKNOWLEDGEMENT OF DISCLAIMER BY APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Applicant - Please print name

\_\_\_\_\_  
DESIGNATED REPRESENTATIVE

\_\_\_\_\_  
DATE

**KEEP THIS FOR YOUR INFORMATION ONLY**

**THE FOLLOWING SHOULD NOT BE USED OR DISPOSED INTO THE SYSTEM**

**Greases, fats, oils, pesticides, herbicides or any other toxins.**

**Garbage disposal should be used sparingly. Dispose of food waste, grease, etc., in the solid waste bin. Food waste represents additional loading the Aerobic Treatment Plant would have to digest, increasing pump out intervals.**

**Paints, household chemicals – automobile fluids – do not discard mop water into the system.**

**Non-biodegradable items such as cigarette butts, disposable diapers, feminine hygiene products, condoms, hair, coffee grounds, rags, paper towels, bandages, etc.**

**Wash loads must be spread out over the week. Once a week multiple loads or half loads are not recommended.**

**Citrus products, oranges, lemons, grapefruit, etc.**

**Additives for septic systems – they do no more harm than good.**

**Hydraulic overload due to excessive water from other sources.**

**Home brewery water – strong medicines, antibiotics. Anti-bacteria soaps should be avoided.**

**Strong disinfectants or bleaches. Laundry products such as Lysol, Pine-Sol, Tidy Bowl, or discharge from water softeners, Drano.**

**Recommended detergents are powdered, low-suds, low phosphates and biodegradable, washing soda ingredients such as Fain, Arm & Hammer, Fresh Start and Dash Bright. Fabric softener dryer sheets are recommended.**

**Recommended cleaning products are non-chlorine, biodegradable and non-toxic such as Ivory & Sunlight dish washing liquids, Cascade & Sunlight powdered dishwasher detergents; Comet & Biz powdered cleaners, baking soda.**

**SYSTEMS REQUIRING PUMP OUTS DUE TO THE ABOVE VIOLATIONS ARE NOT COVERED BY THE WARRANTY.**



THE COUNTY OF COLORADO  
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 Colorado 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 Colorado 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 Colorado 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 Colorado 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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Visa / MasterCard / accepted at Hurt's office only. If used there will be an additional charge.

**Customer Signature: \_\_\_\_\_ Date Required: \_\_\_\_\_**

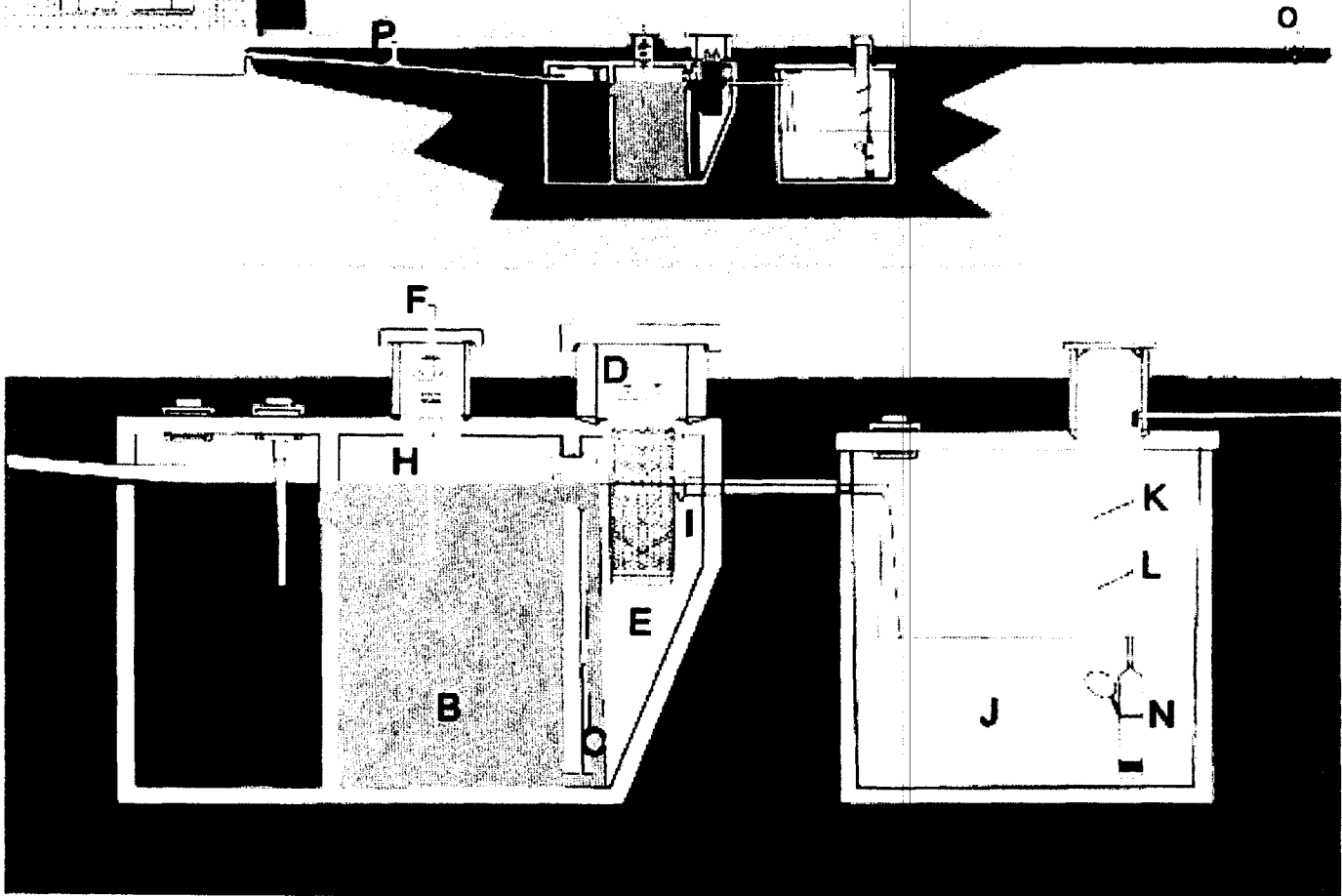
# HURT'S WASTEWATER MANAGEMENT, LTD.

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