

**On Site Sewage Facility Information Sheet  
GALVESTON 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.**

S.E. Pg. 1 – Galveston County Application - Fill out information 1-7 only.

S.E. Pg. 2 – Galveston County Application - Sign Property Owner only.

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

Pg. 1 – 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. 2 – Site Evaluation Page 1 – Fill in top section above two solid lines

Pg. 3 – Site Evaluation Page 2 – Leave Blank.

Pg. 4 – Site Evaluation Page 3 – Leave Blank.

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

**NOTE:** Duplicate copy is for your records.

Pg. 6 – Addendum: Fill in owner info, sign and date.

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.

Site Evaluation: \_\_\_\_\_  
Building Application: \_\_\_\_\_  
Drainage Plan: \_\_\_\_\_  
Floodplain Information: \_\_\_\_\_

Health District OSSF Permit # \_\_\_\_\_  
City/County Building Permit # \_\_\_\_\_  
Water Well Permit # \_\_\_\_\_

**GALVESTON COUNTY HEALTH DISTRICT  
ON - SITE SEWAGE FACILITY  
APPLICATION AND INSPECTION REPORT**

\_\_\_ NEW INSTALLATION  
\_\_\_ RENOVATION

1. PROPERTY OWNER'S NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: \_\_\_\_\_  
(STREET/P.O. BOX) (CITY/STATE) (ZIP)
3. TELEPHONE NO. DURING DAY: ( ) \_\_\_\_\_
4. SITE ADDRESS: \_\_\_\_\_  
(STREET) (CITY/STATE) (ZIP)
5. PROPERTY DESCRIPTION: Lot \_\_\_\_\_ Block \_\_\_\_\_ Sec \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Lot Size: \_\_\_\_\_ **PROPERTY SURVEY OR SIMILAR DOCUMENT SHOULD BE ATTACHED.**
6. SOURCE OF WATER: \_\_\_ Private Well \_\_\_ Public Water Supply \_\_\_\_\_  
(NAME OF SUPPLIER)
7. SINGLE FAMILY RESIDENCE: No. Of Bedrooms \_\_\_\_\_ Living Area (sq. ft.) \_\_\_\_\_
8. **ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (gpd):** \_\_\_\_\_  
**WATER-SAVING DEVICES PROVIDED: (CIRCLE ONE) YES/NO**
9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: \_\_\_\_\_  
NO. OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_
10. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET? \_\_\_ YES \_\_\_ NO
11. Professional design required: \_\_\_ Yes \_\_\_ No If yes, professional design attached: \_\_\_ Yes \_\_\_ No  
DESIGNER: \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_  
PHONE NO.( ) \_\_\_\_\_ (PE or RS)
12. INSTALLER: \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_  
PHONE NO.( ) \_\_\_\_\_

SEWER (House drain):  
TYPE AND SIZE OF PIPE: \_\_\_\_\_ SLOPE OF SEWER PIPE TO TANK: \_\_\_\_\_

II. TREATMENT TANKS:  
TANK #1 MAT'L. \_\_\_\_\_ NO. OF COMPARTMENTS \_\_\_\_\_ TYPE \_\_\_\_\_ SIZE \_\_\_\_\_ gals  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_  
#4 \_\_\_\_\_

III. SITE EVALUATION  
**NOTE: Information worksheet must be attached for review to be completed.**  
Soil Class/Texture \_\_\_\_\_ Load Rate \_\_\_\_\_  
Performed By \_\_\_\_\_ Phone No( ) \_\_\_\_\_

IV. DISPOSAL AREA  
TYPE: \_\_\_\_\_ MINIMUM AREA REQUIRED \_\_\_\_\_

EXCAVATION WIDTH \_\_\_\_\_ DISTANCE BETWEEN EXCAVATIONS \_\_\_\_\_  
TYPE/SIZE OF MEDIA \_\_\_\_\_ TYPE/DIAMETER OF PIPE \_\_\_\_\_  
TYPE OF BARRIER \_\_\_\_\_ EXCAVATION DEPTH \_\_\_\_\_  
LANDSCAPE PLAN \_\_\_\_\_

V. PLOT PLAN

**NOTE: This information must be attached for review to be completed.**

1. Submit two (2) copies of the Galveston County Health District OSSF Application & Inspection Report. The plot on the above mentioned form must include:

- a. Size and shape of lot or property,
- b. All structures on lot such as buildings, barns, pens, etc,
- c. Size and location of treatment tank(s).
- d. Size and location of wastewater disposal area.
- e. Distance of treatment tank(s) from house, property line, water well and wastewater disposal area,
- f. Distance of wastewater disposal area from house, property line, water well and treatment tank(s),
- g. Distance and direction to closest neighboring water well from treatment tank(s) and wastewater disposal area,
- h. Distance and direction to closer open water such as ponds, lakes, streams, etc.

\_\_\_\_\_  
DESIGNERS SIGNATURE

\_\_\_\_\_  
REGISTRATION NO.

\_\_\_\_\_  
DATE

This notice must be read and signed before these construction plans will be approved. AFTER APPROVAL A BUILDING PERMIT MUST BE SECURED FROM THE APPROPRIATE COUNTY OR CITY BUILDING INSPECTION DEPARTMENT. The final inspection is to assure the system has been constructed according to the submitted plan and is consistent with good public health engineering practices. The acceptance of this plan and the approval of the final inspection, however, should not be construed to mean that the Galveston County Health District recommends, approves, certifies or guarantees On-site Sewage Facility Systems or their satisfactory performance. In the Galveston County area, due to the high water table, variation of water usage, soil and climatic conditions, On-site Sewage Facility Systems may not function satisfactorily at all times. This plan meets all State and local rules and laws including distance requirements.

\_\_\_\_\_  
Property Owner

**HEALTH DISTRICT USE ONLY**

Plot plan: Approved/Disapproved by _____	Date _____
Inspection Requested by _____	Date _____
Date inspection requested for _____	Time _____ <b>am/pm</b>
Date inspection made _____	Time _____ <b>am/pm</b>
Construction Approved/Disapproved by _____	Date _____
Disapproval notice given to _____	Date _____

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Affidavit to the Public**

THE COUNTY OF GALVESTON  
STATE OF TEXAS

**CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

According to Texas Natural Resource Conservation Commission Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of GALVESTON County, Texas.

**I.**

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Natural Resource Conservation Commission (TNRCC) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), §5.012 and §5.013, gives the TNRCC 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 TNRCC, 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 TNRCC requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TNRCC of the suitability of this OSSF, nor does it constitute any guarantee by the TNRCC that the appropriate OSSF was installed.

**II.**

An OSSF requiring a maintenance contract, according to 30 Texas Administration Code §285.91(12) will be installed on the property described as (Physical Address & Legal Description):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The property is owned by:\_\_\_\_\_. This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company, and a signed maintenance contract must be submitted to GALVESTON COUNTY HEALTH DISTRICT within 30 days after the property has been transferred.

The owner will, upon sale or transfer of the above described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the GALVESTON COUNTY HEALTH DISTRICT – (Mainland office) P.O. Box 939, La Marque, TX 77586 or (Island office) P.O. Box 838, Galveston, TX 77553.

WITNESS BY HAND(S) ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Print Name : Owner(s)

\_\_\_\_\_  
Owner(s) Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

Notary Printed Name:\_\_\_\_\_

My Commission Expires:\_\_\_\_\_

## Galveston County Health District Site Evaluation Form

Date: \_\_\_\_\_

Client: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Legal Description:

Site Address: \_\_\_\_\_

City/Area: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Sec: \_\_\_\_ Lot: \_\_\_\_ Block: \_\_\_\_

Survey: \_\_\_\_\_

Abstract No: \_\_\_\_\_

Property Size: \_\_\_\_\_

Acres: \_\_\_\_\_

Existing or proposed structure to be served: (Circle one) Existing Structure/New Structure

### Topography

Slope	Vegetation	Drainage
Flat: Under 2% ____  <b>Note:</b> If slope is flat a <b>detailed drainage plan</b> shall be provided on design.	Grass/Brush: ____	Poor: ____  <b>Note:</b> If drainage is poor a <b>detailed drainage plan</b> shall be provided on design.
Slight: Under 4% ____	Lightly Wooded: ____	Adequate: ____
Severe: Over 5% ____  <b>Note:</b> If slope is severe a <b>Topo Survey</b> with half foot contours should be provided with this form on design.	Heavily Wooded: ____	Good: ____
Other:	Other:	Other:

### Flood Hazard

Property is located:

Outside 100 year flood plain: \_\_\_\_\_

\*In 100 year flood plain: \_\_\_\_\_

In 100 year flood plain and floodway: \_\_\_\_\_

**Note:** \*Systems installed in flood plain must document how floatation concerns will be addressed on design. Attach a FEMA Flood Insurance Rate Map (FIRM) with property location identification or current survey with Flood Plain determination.

# Soil Evaluation

(Based on at least two soil borings or two backhoe pits at opposite ends of the soil absorption area)

Profile Depth

Texture (USDA)

Color

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**(Minimum depth is two feet below proposed excavation)**



Profile Depth

Texture (USDA)

Color

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**(Minimum depth is two feet below proposed excavation)**

Normal Textures (USDA) coarse sand/gravel, loamy sand, sandy loam, loam, sandy clay, clay loam, silty clay, clay.

**Note:** Location of bore holes must be shown on design or on a separate sheet of paper.



**EFFLUENT LOADING DETERMINATION**

<u>Soil Class/Texture</u>	<u>Gallons per day per square foot</u>
Ia/Gravelly Soil >30% Gravel	To great for consideration >0.5
Ib/Sandy solis with <30% gravel	0.38
II/Sandy loams/loams	0.25
III/Sandy clay/clay loams	0.20
IV/Clay/silty clays	Unsuitable 0.10

**Note:** The soil evaluated for effluent loading should be below the maximum depth of application (normally between 36 and 48 inches.)

**Indication of seasonal water table:** (Circle One)      Yes      No  
 Depth: \_\_\_\_\_

=====

**SOIL STRUCTURE**

**Class III soils must have soil structure analysis performed**

Soil structure is:

Massive: \_\_\_\_\_  
 Blocky: \_\_\_\_\_  
 Platy: \_\_\_\_\_

**Note:** Massive and platy soils are considered unsuitable with respect to structure

=====

**FINDINGS**

Is soil suitable for standard subsurface disposal methods? (Circle One)    Yes    No

Wastewater application rate \_\_\_\_\_ Gal/day/sq.ft.

I, \_\_\_\_\_, a registered \_\_\_\_\_

did personally conduct the site evaluation on \_\_\_\_\_  
 (Date)

I certify that these results are true and correct for the property evaluated.

\_\_\_\_\_  
 Site Evaluator

\_\_\_\_\_  
 Registration Number

**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.**  
**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

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Visa / MasterCard / accepted at Hurt's office only. If used there will be an additional charge.

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

**IMPORTANT**

Addendum to On-site Wastewater Disposal System  
Permit # \_\_\_\_\_

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
AEROBIC TANK (MAKE/MODEL)

\_\_\_\_\_  
ADDRESS OF SYSTEM

\_\_\_\_\_  
DAILY WASTEWATER FLOW

\_\_\_\_\_  
CITY/ZIP

\_\_\_\_\_  
SERVICE COMPANY

\_\_\_\_\_  
OWNER TELEPHONE

\_\_\_\_\_  
ADDRESS OF SERVICE COMPANY

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
SERVICE COMPANY TELEPHONE

The owner of this on-site wastewater disposal system using surface application as a final effluent disposal method is required to submit a copy of a **Testing and Reporting** document every \_\_\_\_\_ months and must maintain a continuous service contract for the maintenance of the system.

Under the most recent policy of the Texas Natural Resource Conservation Commission (TNRCC) any such testing and reporting document must at a minimum include:

(ALL ITEMS CHECKED APPLY)

- \_\_\_\_\_ SYSTEM COMPONENT CHECK
- \_\_\_\_\_ CHLORINE RESIDUAL IN PUMP TANK OR FECAL COLIFORM TEST
- \_\_\_\_\_ BOD5 GRAB SAMPLE (ONCE PER YEAR)
- \_\_\_\_\_ TSS GRAB SAMPLE

Failure to submit these reports in a timely manner may result in the suspension of your on-site wastewater disposal permit. It is a violation of Galveston County Health District A Construction Standards for On-site Sewerage Facilities<sup>®</sup> to occupy a structure without the owner of the structure having a valid on-site wastewater disposal permit.

These reports may be mailed directly to the Health District office at:

Galveston County Health District  
P. O. Box 939  
La Marque, Texas 77568

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE

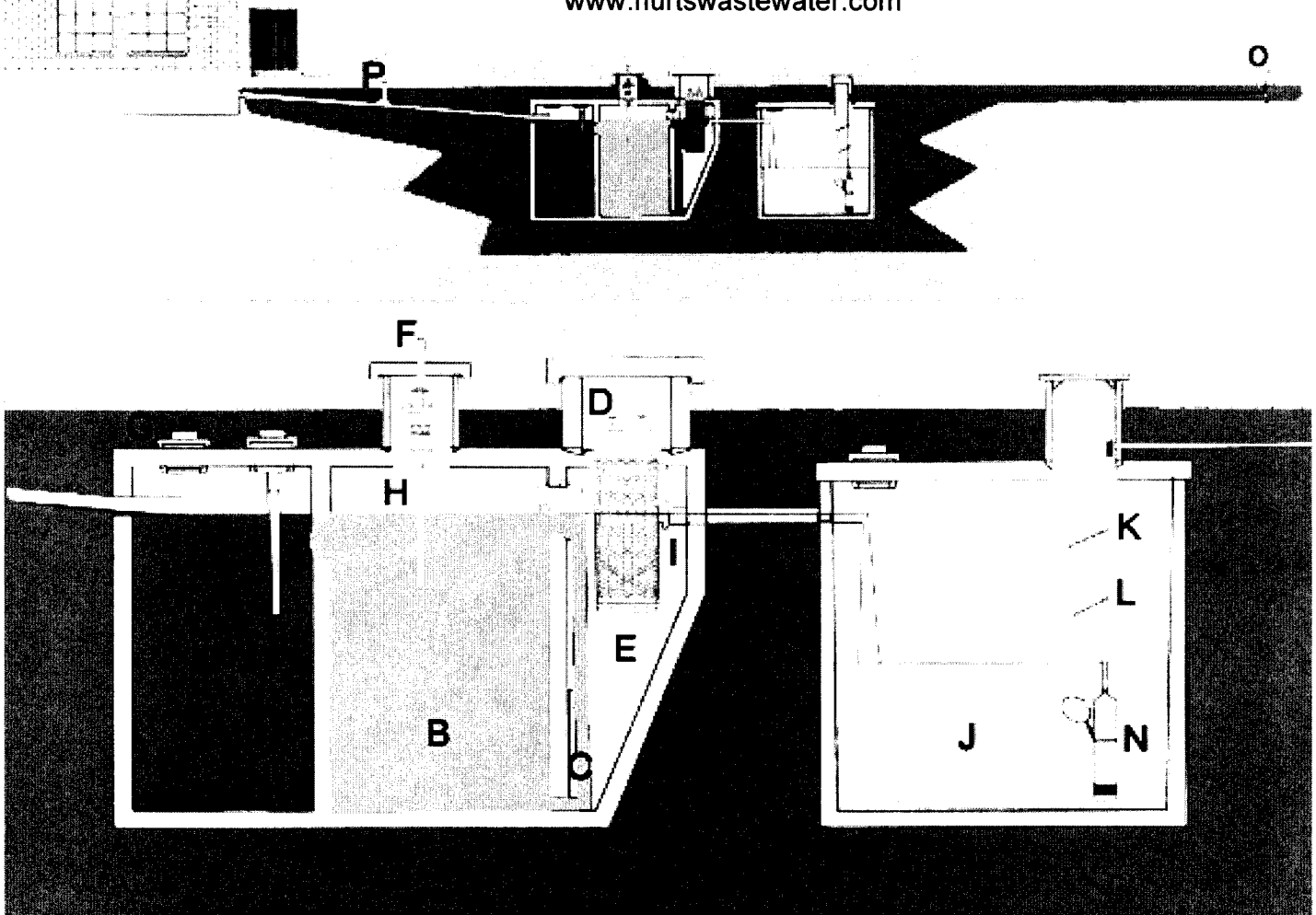
# HURT'S WASTEWATER MANAGEMENT, LTD.

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