

# H J Services LLC

P O Box 364

Tomball, Tx 77377

Fax 281-290-9644

Email – [hjservices@sbcglobal.net](mailto:hjservices@sbcglobal.net)

Please complete attached forms to the best of your ability. When you return them to me please include the following

- A copy of a survey of the property that include the legal description.
- A floorplan of all structures using the system.

\*\*please also notice that some forms must be notarized. If you need us to notarize the forms please wait to sign them in our presence.

We can start the evaluation and design process as soon as we receive payment and scanned copies of the forms. We will need the originals of the forms before we can go to the county for permits.

Thank you for the opportunity to assist you with your septic service needs.

Jami Blazek

Office Manager

281-830-6999

Heath Blazek

H J Services LLC

281-830-1127

OSSF OS0031794



# ON-SITE SEWERAGE FACILITY APPLICATION

10555 Northwest Freeway - Suite 120 - Houston, TX 77092    Main Phone: 713-274-3900    Monday-Friday 7:30am - 4:00pm

**Facsimiles NOT Accepted**

**COMPLETE ALL FIELDS AS REQUIRED**

The undersigned property owner hereby makes application for a permit to construct an on-site sewerage facility in the unincorporated area of Harris County, Texas as required by REVISED RULES OF HARRIS COUNTY, TEXAS FOR ON-SITE SEWERAGE FACILITIES.

P R O J E C T  I N F O	<b>CONSTRUCTION SITE ADDRESS:</b>				<input type="checkbox"/> <b>COMMERCIAL</b>	
	City, St:		Zip		<input type="checkbox"/> <b>RESIDENTIAL</b>	
	<b>HCAD#</b> <small>www.hcad.org (13-digits)</small>		<b>HC PROJECT#</b>			
	Subdivision _____		Section _____		Block _____	
			Lot _____		Reserve _____	
	Survey Name _____		Abstract # _____		Tract # _____	
<b>Water Supply:</b>						
<input type="checkbox"/> <b>PUBLIC</b>		<input type="checkbox"/> <b>COMMUNITY</b>		<input type="checkbox"/> <b>INDIVIDUAL (Existing)</b>		<input type="checkbox"/> <b>INDIVIDUAL (Proposed)</b>
Name of System _____						

A P P L I C A N T	<b>APPLICANT Name:</b> Andrew Ross		E-Mail: andrew@rossdesignservice.com	
	Address: P.O. Box 1167		City, St: Pinehurst, TX	
	Zip: 77362		Phone: _____	
	Phone: 281-384-3976		Ext: _____	

O W N E R	<b>OWNER Name:</b> _____		E-Mail: _____	
	Address: _____		City, St: _____	
	Zip: _____		Phone: _____	
	Phone: _____		Ext: _____	

ENGINEER / SANITARIAN INFORMATION			
Engineering Plans and specifications in support of this application submitted by:			
Name: Andrew Ross		License # 4283	
Address: P.O. Box 1167		City, St: Pinehurst, TX	
Zip: 77362		Phone: _____	
Phone: 281-384-3976		E-Mail: andrew@rossdesignservice.com	

- | APPLICANT MUST SUBMIT THE FOLLOWING                                     |   |  |  |
|---|---|--|--|
| 1 Metes & Bounds description (survey), if not in a recorded subdivision | 4 Affidavit - Notarized (1 Original)                    |  |  |
| 2 Site Evaluation (1 Original)  | 5 Acknowledgement of Testing Requirements               |  |  |
| 3 Plan of Site & Disposal System (3 Sets - 1 Original & 2 Copies)       | 6 Flood Insurance Rate Map with site accurately located |  |  |

AUTHORIZATION is hereby given to Harris County, Texas, the Texas Commission on Environmental Quality, the Texas State Department of Health and to their agents, or designees, singularly or jointly, to enter upon the above described property during daylight hours for the purpose of inspecting the on-site sewerage facilities, or for any reason consistent with the water quality program of the Texas Commission on Environmental Quality and the Texas Department of Health. I also acknowledge that INSPECTION OF THE SEWERAGE SYSTEM IS REQUIRED PRIOR TO ALL COMPONENTS BEING COVERED. TO REQUEST INSPECTION, A TWENTY-FOUR (24) HOUR NOTICE MUST BE GIVEN TO THE ENGINEERING DEPARTMENT AT (713) 274-3800.

PRINT NAME ABOVE (OWNER) \_\_\_\_\_ SIGNATURE (OWNER) \_\_\_\_\_ DATE \_\_\_\_\_

FOR COUNTY USE ONLY							
MINIMUM TANK SIZE (GALLONS): _____		MINIMUM ABSORPTION AREA: _____		MAXIMUM GPD: _____			
TYPE OF SYSTEM PROPOSED: _____		SQUARE FOOTAGE OF BUILDING: _____					
SEWERAGE APPLICATION RATE: _____		SOIL CLASSIFICATION: _____					
INSPECTIONS: <input type="checkbox"/> S <input type="checkbox"/> S2 <input type="checkbox"/> ULF <input type="checkbox"/> WW		SPECIAL REQUIREMENTS: <input type="checkbox"/> ULF <input type="checkbox"/> SSC <input type="checkbox"/> INS		<input type="checkbox"/> PLANS <input type="checkbox"/> FLTANK <input type="checkbox"/> WLOG		<input type="checkbox"/> WWPLUG	

REVIEW							
REVIEWER	DATE	REVIEWER	DATE	REVIEWER	DATE	REVIEWER	DATE

RECEIVING							
CLERK	DATE	CLERK	DATE	CLERK	DATE	CLERK	DATE

**ACKNOWLEDGMENT OF TESTING REQUIREMENTS  
FOR AN ON-SITE SEWAGE FACILITY USING PROPRIETARY,  
SECONDARY, OR NON-STANDARD TREATMENT SYSTEMS**

I, \_\_\_\_\_, recipient of a license (No. 2-\_\_\_\_\_) to operate this on-site sewage facility that uses proprietary/secondary/non-standard treatment on the property I own that is located at \_\_\_\_\_ hereby acknowledge and agree that I must:

1. Employ, by means of an initial two-year prepaid maintenance contract, a wastewater operator certified by the State of Texas;
2. Employ a wastewater operator during the entire operational life of the said on-site sewage facility;
3. Assure that the wastewater operator provides the testing of the sewage effluent on the schedule provided below and sends the required report to the Harris County Public Infrastructure Department - Engineering Division, Permit Group:
  - a. **BOD<sup>5</sup> - Annually**
  - b. **TSS - Annually**
  - c. **Chlorine or Fecal Coliform - Quarterly for Residential  
Monthly for Commercial**
  - d. **pH - Quarterly for Residential Monthly for Commercial**
4. Operate this system in strict conformance with sewage effluent discharge standards promulgated by the Texas Commission on Environmental Quality (T.C.E.Q.). See Table IV attached.

I further understand that my failure to strictly abide by the above conditions could result in filing of a complaint with a Justice of the Peace Court and that the Court, if I am found guilty, could assess me a fine of up to \$200.00 per day for each day the violation exists.

The start-up date of the facility will mark the anniversary dates of testing and reporting.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensee & Property Owner

\_\_\_\_\_  
Printed Name

TABLE IV  
REQUIRED TESTING AND REPORTING

Type and Size of Treatment Unit	Frequency of Site Visits	Required Tests	Minimum Acceptable Test Results
Any Treatment Method in Conjunction with Surface Application	4 per year - Harris County (single family residence) 12 per year - Harris County (non-single family residence & commercial)	One BOD <sub>5</sub> and TSS Grab Sample per year  Total Chlorine Residual or Fecal Coliform at Each Required Test	BOD <sub>5</sub> and TSS Grab Samples Not To Exceed 65 mg/l  0.1 mg/l Residual in Pump Tank or Fecal Coliform Not To Exceed 200 MPN/100 ml (CFU/100 ml)
Any Secondary Treatment System	At least once every four months	Same As Above	Same As Above
Non Standard	Permit Specific	Permit Specific	Permit Specific

**Effluent Disinfection** - Treated effluent must be disinfected prior to surface application. Approved disinfection methods shall include, but not be limited to, chlorination, ozonation or ultraviolet radiation. The efficiency of the disinfection procedure will be established by monitoring the fecal coliform count or chlorine residual from effluent grab samples as directed in the testing and reporting schedule. The frequency of testing and type of tests required are shown in Table IV.

**AFFIDAVIT TO THE PUBLIC**

**COUNTY OF HARRIS §**  
**STATE OF TEXAS §**

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ who, after being by me duly sworn, upon oath states that he/she is the owner of record or person in possession of that certain tract or parcel of land lying and being situated in Harris County, Texas, and being more particularly described as follows:

Property No. **(For County Use Only)**: \_\_\_\_\_

Septic License No. **(For County Use Only)**: \_\_\_\_\_

Subdivision/Survey: \_\_\_\_\_

Section/Abstract . \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

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

The undersigned further states that an on-site wastewater treatment system has been licensed in accordance with the permitting provisions of the Harris County Public Infrastructure Department, Engineering Division, Permit Group as signified by License No. \_\_\_\_\_ **(For County Use Only)**

The following conditions are set forth in said licensee:

1. If said system is a subsurface type on-site sewerage facility the undersigned agrees to take immediate and corrective measures to alleviate any surfacing of sewerage effluent upon receipt of notice to do so by the Engineering Division representative.
2. If said system uses a proprietary, secondary, or non-standard treatment system, the undersigned agrees to enter into a maintenance agreement with an approved maintenance company for service and repairs to the wastewater system. Said agreement must be in force for the life of the system and the undersigned or subsequent possessor must notify the Engineering Division when the maintenance contact is transferred from one maintenance company to another.

Failure to abide by the above stated conditions constitutes a violation of the Revised Rules of Harris County, Texas for On-site Sewerage Facilities and will result in the filing of a complaint with the Justice of the Peace Court having jurisdiction in the area where the offense occurs.

Further, the undersigned states that he/she will, upon any sale or transfer of the above described property, request a transfer of the license to operate such system to the buyer or transferee. Any buyer or transferee is hereby notified that a maintenance contract with an approved maintenance company will be required for use of any system using proprietary, secondary, or non-standard treatment of wastewater. For more information concerning this specific on-site wastewater treatment facility, contact, Harris County Public Infrastructure Department – Architecture & Engineering Division, Permit Group, 10555 Northwest Freeway, Suite 120, Houston, Texas 77092, (713) 956-3000.

WITNESS MY/OUR HAND(S) on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Property Owner's Signature) \_\_\_\_\_ DATE

\_\_\_\_\_  
(Print Property Owner's Name)

SWORN TO AND SUBSCRIBED BEFORE ME on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_.

(Print Property Owner's Name)

SEAL

\_\_\_\_\_  
Notary Public, State of Texas  
My Commission Expires \_\_\_\_\_



Ross Design Service  
P.O. BOX 1167, PINEHURST, TX 77362 281-384-3976

## Harris county flood plain elevations

Ross Design Service will be pulling your permits with Harris county or designing your septic system.

Because of Hurricane Harvey, Harris county has implemented a number of flood prevention techniques. One of these items is that all homes will require elevation readings be taken at the beginning and end of each project. Your home will need to be a certain height above the crown of the road and the base flood elevation.

RDS will work with you at the beginning of your project to help you obtain your elevations. Since we are typically not involved at the end of a project, **you or your builder will be responsible for obtaining and submitting your final elevations for your home.**

Customer Name \_\_\_\_\_

Customer Signature \_\_\_\_\_

Address \_\_\_\_\_



Andrew Ross, R.S.

# POWER OF ATTORNEY

I, \_\_\_\_\_, owner of the property described below  
Telephone number - Hm. ( \_\_\_\_\_ ) - \_\_\_\_\_, Wk. ( \_\_\_\_\_ ) - \_\_\_\_\_

LOCATION OF PROPERTY TO BE INSPECTED: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

\_\_\_\_\_  
(Street Address of Property)

Residents/Buildings utilizing a septic system on this same lot: \_\_\_\_\_ property: \_\_\_\_\_

Total Lot/Property size for this permit only: \_\_\_\_\_

Water: Private Individual Well (  ) Other (  )

Construction Type: \_\_\_\_\_ Bedrooms: \_\_\_\_\_

Commercial Type: \_\_\_\_\_ People per Day: \_\_\_\_\_ Restrooms: \_\_\_\_\_

Square Footage of Structure: \_\_\_\_\_ Square Footage of Living Area: \_\_\_\_\_

Give, \_\_\_\_\_, (**Individual name, not Company**) power of attorney to sign application for permit to construct and/or to inspect a septic system.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

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

**\*This statement must be signed, notarized and returned to this office before the application can be processed.**