



## MONTGOMERY COUNTY

PERMIT DEPARTMENT

501 N. THOMPSON, SUITE 100

CONROE, TX 77301

(936) 539-7836 • FAX (936) 538-8155

### CHECK LIST FOR NEW SEPTIC SYSTEMS

- \_\_\_\_\_ Completed **Permit Application** (Montgomery County Permit Office)
- \_\_\_\_\_ **Commercial Guidelines** (for commercial property only)
- \_\_\_\_\_ **Disclaimer** (for ALL systems from Montgomery County Permit Office, notarized)
- \_\_\_\_\_ **Septic Disclaimer** (for conventional systems MUST be signed by Owner)
- \_\_\_\_\_ **Affidavit to the Public for Aerobic Systems**  
(A) Signed by Owner Only, notarized  
(B) Filed at Montgomery County Clerks Office (by owner or applicant)
- \_\_\_\_\_ **Legal Description**  
(A) Recorded Plats – Subdivision, Section, Block, Lot  
(B) Unrecorded Plats – Metes and Bounds or Survey (Often found in Deed or at County Clerk office)
- \_\_\_\_\_ **Floor Plans** for all residential and commercial buildings  
(A) Show applicable bedrooms, restrooms, and square footage of structure  
(B) Signed by property owner
- \_\_\_\_\_ If you receive water from a public utility district or company, you must provide a letter on letterhead (dated within one year) from that company stating water service will be provided to your property.
- \_\_\_\_\_ **Stormwater Management Program Compliance Certification**
- \_\_\_\_\_ **Culvert Verification Form / Receipt** – Only required for properties in Precinct 4
- \_\_\_\_\_ **Power of Attorney**  
(A) For signature of Permit Application and Disclaimer ONLY, notarized  
(B) Must be an original
- \_\_\_\_\_ **Two Year Initial Maintenance Contract for Aerobic Systems**  
(A) Signed by Owner Only  
(B) Signed by Installer (If known)
- \_\_\_\_\_ **Map** (From Conroe to property. Directions drawn/written OR printed from computer)
- \_\_\_\_\_ 3 sets of **Soil Analysis** (Site Evaluator) (1 original & 2 copies)
- \_\_\_\_\_ 3 sets of **Septic System Design** (Designer) (1 original & 2 copies)

IF PERMIT EXPIRES ALL PAPERWORK MUST BE RESUBMITTED FOR NEW PERMIT.  
TWO YEAR MAINTENANCE CONTRACT MUST BE COMPLETED BY OWNER AND INSTALLER BEFORE FINAL INSPECTION.

Permit # \_\_\_\_\_

**Montgomery County  
Development Permit Application - STRUCTURE**

Old Permit # \_\_\_\_\_

TO BE FILLED OUT BY COUNTY OFFICIAL

DATE ISSUED: \_\_\_\_\_

PRECINCT # \_\_\_\_\_ ZONE \_\_\_\_\_

DEVELOPMENT PERMIT

CENSUS TRACT # \_\_\_\_\_

TYPE/FEE: \_\_\_\_\_

CLASS A \_\_\_\_\_ CLASS B \_\_\_\_\_ CODE \_\_\_\_\_

SEPTIC PERMIT

IS PROPERTY IN FLOODPLAIN? \_\_\_\_\_

TYPE/FEE: \_\_\_\_\_

FLOODWAY? \_\_\_\_\_

OTHER: \_\_\_\_\_

R# \_\_\_\_\_

PERMIT ASSISTANT \_\_\_\_\_

1. Applicant's Name: Andrew Ross (Phone) 281-384-3976  
 (Email) andrew@rossdesignservice.cc  
 Mailing Address: PO Box 1167 City Pinehurst State TX Zip 77362  
 Owner's Name: \_\_\_\_\_ (W/H) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. LOCATION**

Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Acreage/Lot Size \_\_\_\_\_  
 Defined Location \_\_\_\_\_  
 Property Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Survey Name/Abstract # \_\_\_\_\_ Closest Major Road \_\_\_\_\_

3. **RESIDENTIAL**  **COMMERCIAL**

A. Manufactured Home <input type="checkbox"/>	A. Industrial/Manufacturing _____
B. Single Family House <input type="checkbox"/>	B. Business/Office _____
C. Other _____	C. Retail/Wholesale _____
D. Multi Family _____ /# of Units _____	D. Other _____
E. # Residences/Buildings on Property? _____	

# of People/ Residents per day \_\_\_\_\_ # Bedrooms \_\_\_\_\_ # Restrooms \_\_\_\_\_  
 Square Foot of Living Area \_\_\_\_\_ Square Foot of Structure \_\_\_\_\_

4. **ELECTRIC COMPANY**  
 Centerpoint  Entergy  Mid-South  Sheco  Acct# (If known) \_\_\_\_\_

5. **WATER SYSTEM**  
 Private Well  Water District \_\_\_\_\_ Other \_\_\_\_\_

6. **SEWAGE TREATMENT**  
 Installing Septic  Existing Septic  Public System \_\_\_\_\_

**NOTICE**

\*If the permit applicant is a corporation, partnership, or other legal entity other than a natural person, state the name of one or more natural persons who will be responsible to Commissioner's Court to see that all provisions of the Development Permit and Septic Permit will be faithfully complied with.  
 \* Notice of Approval will not be issued until a final inspection and approval of the septic system is given by Montgomery County Environmental Health Department.  
 \* Any person securing a permit does so on the representation to Commissioner's Court that he/she will comply with all requirements and county regulations, and obtain all necessary permits required for this property.

Signature  \_\_\_\_\_ Date \_\_\_\_\_

## DISCLAIMER

Permit # \_\_\_\_\_ issued this date \_\_\_\_\_ is an "Authorization to Construct" a septic system only and is based on information supplied by myself and the Registered Sanitarian or Professional Engineer I employed. **This information to the best of my knowledge is true and accurate.** I understand that a "Notice of Approval" for the septic system will be issued **ONLY** after all criteria set up by TCEQ and Montgomery County Environmental Health Services regarding onsite sewage facilities have been met. I understand that failure to comply with TCEQ or County rules regarding on-site sewage facilities will result in non-issuance of the "Notice of Approval."

**EXISTING SYSTEMS:** I understand that when upgrading or improving any "existing system," all components of the existing system **MUST** be brought up to current codes or standards. I understand that in order to identify where the tanks and field lines of an existing septic system are located, holes may be dug and/or probing the area on my property may be done. If water lines, gas lines and any underground utilities are not marked, they could be damaged during the course of inspection. However, Montgomery County or its representatives will not be responsible for inadvertent damages that may be done.

**NEW INSTALLED SYSTEM:** I understand that an inspection by Montgomery County Environmental Health Services must be completed and approval given prior to back-fill of any newly installed or add-on modifications to existing systems. **Inspections may be scheduled by contacting the Montgomery County Environmental Health Office by 3:00 p.m. two (2) business days prior to the need for inspection. Installers must contact the Environmental Office prior to 9:00 a.m. the morning of the inspection to find out the scheduled time.**

**I hereby grant permission for the Montgomery County Environmental Health Department personnel to enter upon the property described in the permit for the purpose of inspecting the septic system.** I understand that the performance of the septic system will depend on many factors including correct sizing, maintenance, water usage, amount of rainfall received on the property, etc. Montgomery County or its employees will not be responsible for malfunctioning systems.

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\_\_\_\_\_  
Signature of Owner or Legal Representative

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary  
My Commission expires:

## SEPTIC VERIFICATION DISCLAIMER

Development Permit # \_\_\_\_\_ is a permit for the structure **ONLY** and not a permit for a septic system.

**INSPECTION:** I understand that this department is relying on the inspection performed by the Registered Sanitarian to verify that no on-site sewage discharge, either sewer/greywater, exists on the property, at the time of inspection, mentioned at the location of the development permit.

**FAILURE:** I understand that any failure/discharge, being sewer/greywater, at any time after the development permit is issued, especially if a complaint is filed against the property in question, will result in **“ALL”** components of the septic system to be up-graded to current county and state codes.

**DISCHARGE:** I understand that if any discharge is evident/visible at the time of inspection, then issuance of the development permit will be denied, and no permits will be issued until all proper paperwork is completed for **“NEW”** septic system permits.

**APPROVAL:** I understand that an inspection by Montgomery County Health Department personnel was **not** performed and this is an issuance of a development permit only, this is not an approval, only a verification by a Registered Sanitarian, for the **non-permitted existing septic system**. This is only to permit a new/existing structure on the property that will be utilizing an existing septic system.

**I understand that the performance of the septic depends on many factors including correct sizing, maintenance, water usage, amount of rainfall received on the property, etc. This evaluation is based upon a soil/site analysis and an on-site inspection of the septic system as found by the Registered Sanitarian. I also understand that there are no guarantees, expressed or implied, that accompany this verification by the Montgomery County Environmental Health Department.**

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

SUBSCRIBED and SWORN BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary  
My Commission Expires:

**AFFIDAVIT TO THE PUBLIC**

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 of that certain tract or parcel of land lying and being situated in Montgomery County, Texas and being more particularly described as follows:

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

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ If not available: See Attached Metes and Bounds

The undersigned further states that a surface application on-site wastewater treatment system will be installed in accordance with the permitting provisions of the Texas Commission on Environmental Quality. The undersigned has entered into a maintenance agreement as required by the permitting entity, with an approved maintenance company for service and repairs to the application system.

Further, the undersigned states that he/she will, upon any sale or transfer of the above described property, request a transfer of the permit to operate such surface application 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 this system. For more information concerning the rules or regulations on surface application on-site wastewater treatment system, please contact the Texas Commission on Environmental Quality, P. O. Box 13087, Austin, Texas 78711-3087 or (512) 908-1000.

I hereby agree and acknowledge that I must:

1. Employ, by means of an initial two-year policy contract, a certified maintenance provider.
2. Employ a certified maintenance provider during the entire operational life of the said application facility.
3. Assure that the certified maintenance provider provides the testing of the sewage effluent on the schedule provided below and sends the required report to the Permit Division:

**Three Times per Year: pH and Chlorine Residual**

4. Operate this system in strict conformance with sewage effluent discharge standards promulgated by Texas Commission on Environmental Quality (TCEQ).
5. Adhere to maximum gallons per day as stated in design.

Failure to abide by the above conditions could result in the issuance of citations. The start-up date of the facility will mark the anniversary date of testing and reporting.

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

Owner's Return Address:

\_\_\_\_\_  
P.O. BOX 1167

\_\_\_\_\_  
PINEHURST, TX 77362

\_\_\_\_\_  
\*  
Owner's Signature

\_\_\_\_\_  
Owner's Printed Name

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

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

# 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.

I understand that this gives Montgomery County Health Department personnel permission to perform the inspection during regular business hours, 8:00 a.m. to 5:00 p.m., whether I am present or not.

I also understand that in order to identify where the septic system is located, holes will be dug on my property. If water lines, gas lines, etc., and any underground utilities are not marked, they could be damaged during the course of inspection.

All precautions will be taken during the inspection. However, Montgomery County Health Department Personnel will not be responsible for damages.

\_\_\_\_\_  
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.**



**MONTGOMERY COUNTY**

PERMIT DEPARTMENT  
501 N. THOMPSON, SUITE 100  
CONROE, TEXAS 77301

(936) 539-7836 • (281) 364-4200 EXT 7836 • FAX (936) 538-8155

**Montgomery County Stormwater Management Program  
Compliance Certification**

If area of development is 1 acre (43,560 sf) or more you must file a Long-Term Maintenance Plan of Post-Construction Stormwater Control Measures in the real property records of Montgomery County. *TPDES General Permit 4(b)3*

Is your area of development 1 acre or more? (*circle one*)       Yes    or     No

If yes, provide filed document # \_\_\_\_\_

***Development** - means any man-made change to improved and unimproved real estate, including but not limited to buildings or other structures, mining, dredging, filling, grading, paving, excavation or drilling operations or storage of equipment or materials.*

**Erosion and/or sediment controls to be implemented during construction.**

**Property Address:** \_\_\_\_\_

- Silt Fence
- Berm
- Hay Bales
- Other \_\_\_\_\_

Signature verifies that the above referenced controls will be used.

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

\*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PERMIT#: \_\_\_\_\_

To insure that we can complete your permit as soon as possible, the Montgomery County Health Department requests that property owners comply with the following:

1. Draw a detailed map to the property with written directions.
2. Mark the property with lot and block numbers on a poster large enough to be seen from the street.

MAP:

Thank You!

Written Directions: \_\_\_\_\_

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# TWO YEAR INITIAL MAINTENANCE CONTRACT

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

Permit # \_\_\_\_\_

Owner: \_\_\_\_\_

Our firm, \_\_\_\_\_, will inspect and maintain your "Aerobic" septic system for two (2) years after the date of inspection. There will be a minimum of three (3) inspections, one every four (4) months, to be made each year for this initial two (2) year period. Effluent quality inspection will include a visual inspection for color, turbidity, sludge build-up, scum overflow and odor. Mechanical and electrical inspection and service include inspections on aerator, air filter, alarm panel, and replacing or repairing any component not found to be functioning correctly.

This policy shall provide for **ALL** required testing and reporting. The report shall include any responses to owner complaints, the results of the maintenance company's findings, or the owner's findings, and the test results. The report shall be submitted to the permitting authority and the owner within 14 days after the date the test is performed.

All complaints by the property owner, regarding the operation of the system, will be responded to within \_\_\_\_\_ days.

**\*Non-single family residences, commercial, require one BOD and TSS grab sample per year.\***

Violations of contract include shutting off electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, (hydraulic/organic), introducing excessive amounts of harmful matter into the system or any other form of unusual abuse.

**\*OWNER/OCCUPANT IS RESPONSIBLE FOR MAINTAINING THE DISINFECTION UNIT.\***

Maintenance Operator:

Owner/Occupant:

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(mailing address)

\_\_\_\_\_  
(property address)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
\*  
(signature)