

# 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

# WALLER COUNTY

## Environmental Division



Tonya Mewis, D.R. 30240  
Brandee Tiemann, D.R. 35520  
Shane Schroeter, D.R. 35868  
Neal Pieper, D.R. 37833

### APPLICATION FOR COMMERCIAL PRIVATE SEWAGE FACILITY LICENSE

On-site sewage facilities (OSSF) are commonly known as septic systems; our office provides information, education, permitting and inspection for new and existing septic systems. We also investigate complaints related to failing or improperly maintained septic systems.

On-site sewage facilities (OSSF) are wastewater systems designed to treat and dispose of effluent on the same property that produces the wastewater. Regular maintenance and inspection of OSSF protects public and environmental health and enhances private property use and value.

It is a violation of state law to discharge sewage onto the ground.

Permits and an approved plan to construct, alter, repair, extend and operate an On-Site Sewage Facility are required. Applications may be obtained at <https://www.co.waller.tx.us/page/environment> or at the Environmental office, 929 5th St, Hempstead, Texas.

This list represents the minimum information required to begin the review process. During the review, other information may be required. The plan must clearly indicate that the proposed facility will meet the minimum requirements of the applicable rules, regulations, construction standards, and County policies.

A completed application and permit fee must be submitted to the Waller County Environmental Division after a Flood Plain Development/Exemption has been issued from Waller County Road and Bridge. *All required forms must be included with the application when submitted.* You may submit the application in person or email to [environmental@wallercounty.us](mailto:environmental@wallercounty.us)

#### Required Forms:

- 1) Application completely filled out
- 2) Design/Planning Material/Site Evaluation
- 3) Floor plan
- 4) Well Log
- 5) Affidavit to the Public - must be recorded in the County Clerk's Office prior to submitting to Environmental (only for Aerobic Systems)
- 6) Maintenance Contract (Aerobic Systems) Two year Service for new systems
- 7) Permit Fee \$510.00 for Commercial OSSF (payable by cash, check (made to Waller County) or online at [www.co.waller.tx.us/page/environment](http://www.co.waller.tx.us/page/environment))

A final inspection is required and will be made upon completion of installation. If a re-inspection is required a fee of \$250.00 for all Commercial OSSF. The fee is due before re-inspection. *Request for a final inspection* should be made by the installer notifying our office, a minimum of 24 hours prior to the proposed completion time.

If you should have any questions, please contact the office at 979-921-0391.

*Tonya Mewis*  
Designated Representative #30240

WALLER COUNTY ENVIRONMENTAL DIVISION  
APPLICATION FOR AN ON-SITE SEWAGE FACILITY  
Commercial Application **\$510.00 permit fee**  
*Application valid one year from date of authorization to construct*

PERMIT NUMBER

Applying for: New System \_\_\_\_\_ Existing System (permit # \_\_\_\_\_) Failing? \_\_\_\_\_ Alteration/Repair \_\_\_\_\_

Owner(s) / Company Name: \_\_\_\_\_

Owner(s) Drivers Lic #/ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address at Site: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Description: Subdivision \_\_\_\_\_ Sec: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Survey Name: \_\_\_\_\_ Abstract: \_\_\_\_\_ Tract: \_\_\_\_\_ Acres: \_\_\_\_\_

Property ID#: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Precinct: \_\_\_\_\_

In the Floodplain: YES \_\_\_\_\_ NO \_\_\_\_\_ (If in the floodplain; Approved Elevation Certificate required)

Information about Structure Type: \_\_\_\_\_ Industrial/Manufacturing \_\_\_\_\_ Business/Office Other: \_\_\_\_\_

Square Footage: \_\_\_\_\_ # of Employees: \_\_\_\_\_ GPD: \_\_\_\_\_ System Type: \_\_\_\_\_

Source of Water: Private Well Existing (well log required)  
New \_\_\_\_\_ (Name of Well Driller)  
Public Water Supplier \_\_\_\_\_ (Proof Required)

Engineering Plan and Specifications in Support of Application Submitted:

Engineer or Sanitarian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ TCEQ No. \_\_\_\_\_

Site Evaluator Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ TCEQ No. \_\_\_\_\_

System Installer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ TCEQ No. \_\_\_\_\_

*AUTHORIZATION is hereby given to Waller County, Texas, the Texas Commission on Environmental Quality and to the agents, or designees, singularly or jointly, to enter upon the above describe property during daylight hours for the purpose of inspecting sewage facilities for any reason consistent with the water quality program of the Texas Commission on Environmental Quality.*

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

929 5<sup>th</sup> St, Hempstead, TX 77445 Phone 979-921-0391 Email [environmental@wallercounty.us](mailto:environmental@wallercounty.us)

OFFICE USE ONLY: Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ # \_\_\_\_\_ CC \$ \_\_\_\_\_ # \_\_\_\_\_

**WALLER COUNTY OWNER(S)  
ORIENTATION CERTIFICATE**

\_\_\_\_\_  
Installer Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

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

Customer: \_\_\_\_\_

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

City: \_\_\_\_\_

**I HAVE SUCESSFULLY COMPLETED MY OWNER(S)  
ORIENTATION. I HAVE RECEIVED A COPY OF MY SERVICE  
POLICY, WARRANTY, OWNERS MANUAL, AND ANY OTHER  
RELATED PAPER WORK (DRAWINGS, PUMP OUT MANIFEST,  
ETC.). I HAVE BEEN INFORMED ON THE BASIC OPERATION  
OF MY AEROBIC SEPTIC SYSTEM.**

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

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

Installer Signature: \_\_\_\_\_

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



**WALLER COUNTY**  
**Environmental Office**  
Tonya Mewis, DR # 30240  
David Ottmer, DR # 22969

**EFFECTIVE FEBRUARY 6, 2019**

**RE: CONDITIONAL PERMITTING OF ON-SITE SEWAGE FACILITY APPLICATION**

**Texas Administration Code Title 30 Chpt. 285.3 (a) (4) Conditioning of Permits:**

The permitting authority may require conditions to a permit in order to ensure that the permitted OSSF system will operate in accordance with the planning materials and system approval. Failure to comply with these condition is a violation of the permit and this chapter. Any violation of a condition of a permit that would be considered an alteration as defined in Chpt. 285.2 (2) of this title would require a new permit.

**AN INSPECTION WILL NOT BE SCHEDULED WITHOUT A COPY OF THE WELL LOG. WELL LOG MUST BE RECEIVED IN OUR OFFICE PRIOR TO INSPECTION.**

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Site Address:

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Property ID

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Homeowner Signature

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Date

---

Installer Signature

---

Date

---

Waller County Environmental

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Date

# AFFIDAVIT TO THE PUBLIC

For Aerobic Only

THE COUNTY OF WALLER  
STATE OF TEXAS

## 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 Waller 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 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 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 maintenance contract, according to 30 Texas Administrative Code 285.91(12) will be installed on the property described as \_\_\_\_\_ **Legal Description**  
(Abstract No., Survey Name, Tract, Acres) (Subdivision Name, Section, Block, Lot)

This property is owned by \_\_\_\_\_  
**Owner's full name**

This OSSF must be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally after being certified.

Upon any sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner; after a written notice to the permitting authority of the sale on the above property. A copy of the planning materials for the OSSF can be obtained from Waller County the Permitting Authority

\_\_\_\_\_  
Print Owner(s) name

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

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

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

\_\_\_\_\_  
Notary's Printed Name

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

**I understand Permit Fees are Non-Refundable**  
\_\_\_\_\_(initial)

Waller County Engineer's Office  
775 Business 290 East, Hempstead, Texas 77445  
Office: 979.826.7670 Fax: 979.826.7673  
www.co.waller.tx.us

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

**DEVELOPMENT PERMIT APPLICATION – NON-RESIDENTIAL / COMMERCIAL**

(Required for ALL New Development, Effective 2/28/13 – Revised 1/1/18)

*Permit valid for 1 year from Date of Exemption Granted*

PROPERTY OWNER'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

LOCATION OF DEVELOPMENT: R \_\_\_\_\_

PROP.ID #

ACREAGE

9-1-1 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**PICTURE OF POSTED 9-1-1 NUMBERS REQUIRED BEFORE PERMIT(S) WILL BE ISSUED**

Email to 911addressing@wallercounty.us

NATURE OF PROPOSED DEVELOPMENT: (**CHECK ALL THAT APPLY**)

Project Name: \_\_\_\_\_

New Construction      Public/Commercial Building \_\_\_\_\_sq.ft.      Subdivision

Substantial Improvement      Less than Substantial Improvement

Fill      Excavation (Non-Structural)      Road or Bridge Construction

Alteration of a Natural Waterway or Drainage Channel

Driveway/Culvert      Water Well      Septic System (new/upgrade)

Other (Please Specify) \_\_\_\_\_ Est. Constr. Cost \$ \_\_\_\_\_

I, \_\_\_\_\_, hereby file this application for a development permit and if the permit herein applied for is granted, acknowledge myself to be bound to the Commissioners Court of Waller County, Texas, to see that all provisions of the permit are faithfully performed. I attest that any and all other permits (federal, state or local) required for this development have been or will be obtained.

*Permit fees double for development activities started prior to issuance of a permit to construct.*

Signature (Applicant) \_\_\_\_\_ Date \_\_\_\_\_

WALLER COUNTY DOES NOT ENFORCE DEED RESTRICTIONS  
DEVELOPER IS RESPONSIBLE FOR ENSURING THAT DEVELOPMENT MEETS ALL DEED RESTRICTIONS

WARNING: The flood insurance rate maps and other flood data used by the Waller County Floodplain Administrator in evaluating flood hazards to proposed developments are considered reasonable and accurate for regulatory purposes and are based on the best available scientific and engineering data. On rare occasions greater floods can and will occur and flood heights may be increased by man-made or natural causes. Issuance of an exemption certificate does not imply that developments outside the identified areas of special flood hazard will be free from flooding or flood damage and thus shall not create liability on the part of Waller County, the Waller County Floodplain Administrator or any officer or employee of Waller County in the event flooding or flood damage does occur.

**OFFICE USE ONLY** Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ # \_\_\_\_\_ CC \_\_\_\_\_ ID # \_\_\_\_\_

# 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)



# 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.**