

H J Services LLC

P O Box 364

Tomball, Tx 77377

Fax 281-290-9644

Email – 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 RESIDENTIAL 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

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 \$310.00 Single Family Dwelling (payable by cash, check (made to Waller County) or online at 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 \$150.00 for a single family dwelling. 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

PERMIT NUMBER

Residential Application **\$310.00 permit fee**
Application valid one year from date of authorization to construct

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

Owner(s) 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#: _____ Precinct: _____

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

Information about Structure Type: Single Family Dwelling _____ Mobile Home _____ Other _____

Living Square Footage: _____ Number of Bedrooms: _____

Water Saving Devices: YES _____ NO _____ GPD: _____ System Type: _____

Source of Water: _____ Private Well _____ Existing (well log required)
_____ New _____ (Name of Well Driller)
_____ Public Water Supply _____ (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 County Authorized Agent: _____ Date: _____

929 5th St, Hempstead, TX 77445 Phone 979-921-0391 Email 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.

Site Address:

Property ID

Homeowner Signature

Date

Installer Signature

Date

Waller County Environmental

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 - RESIDENTIAL

(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**)

New Construction Existing House

House _____ sq. ft. Manufactured House _____ sq.ft.

How many existing houses are on the property? _____

Substantial Improvement Less than Substantial Improvement

Fill

Driveway/Culvert

Water Well Septic System (new/upgrade)

Other (Please Specify) _____

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

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.**