

AFFIDAVIT TO THE PUBLIC
WASTEWATER TREATMENT SYSTEM

THE COUNTY OF ROCKWALL
STATE OF TEXAS

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DATE PERSONALLY APPEARED _____ WHO, AFTER BEING BY 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 ROCKWALL COUNTY, TEXAS AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

THE UNDERSIGNED FURTHER STATES THAT A SURFACE APPLICATION ON-SITE WASTEWATER TREATMENT SYSTEM HAS BEEN OR WILL BE INSTALLED IN ACCORDANCE WITH THE PERMITTING PROVISIONS OF ROCKWALL COUNTY, TEXAS THE UNDERSIGNED HAS ENTERED INTO A MAINTENANCE AGREEMENT, AS REQUIRED BY THE PERMITTING ENTITY WITH AN APPROVED MAINTENANCE COMPANY FOR THE SERVICE AND REPAIRS TO THE SURFACE APPLICATION SYSTEM.

FURTHER, THE UNDERSIGNED STATES THAT HE/SHE WILL UPON 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 MUST BE SUBMITTED TO ROCKWALL COUNTY WITHIN 30 DAYS AFTER THE PROPERTY HAS BEEN TRANSFERRED.

SIGNATURE OF HOMEOWNER(S)

THIS INSTRUMENT SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 20____.

(SEAL)

NOTARY PUBLIC, STATE OF TEXAS
COMMISSION EXPIRES:

ON-SITE WASTEWATER DISPOSAL APPLICATION
ROCKWALL COUNTY HEALTH DEPARTMENT

Date of Request_____

Name_____Phone_____

Present mailing address_____

PROPERTY LOCATION

Nearest City_____Subdivision Name_____

Street address or lot#_____

Lot size_____

Travel Directions

SITE EVALUATION OF SOIL

Type of Soil(as per Soil Conservation)_____

Depth to impervious layer_____Depth to groundwater_____

Site Evaluation as performed by licensed engineer_____

Name of person performing Site Evaluation_____

I have inspected and confirmed the soil type as stated and have performed the Site Evaluation on this property, according to the Texas Commission On Environmental Quality (TCEQ) specifications, and have accurately and truthfully reported the results.

Date_____Signature_____

License# or seal_____

SYSTEM LOAD

of bedrooms_____# of bathrooms_____Square feet of living area_____

Washing Machine_____Dishwasher_____Garbage Disposal_____

Water Saving Devices: Yes___No___100 Year Flood Zone: Yes___No___

Daily Design Flow (GPD)_____Water Company_____

CONTRACTOR INFORMATION

Installer Name and License#_____

Address_____

Phone_____

Anticipated Installation Date_____

APPLICATION FOR SEPTIC PERMIT

ROCKWALL COUNTY
915 Whitmore
Suite D
ROCKWALL, TX
75087 972-204-7600

Name_____Amount Paid_____

Address_____

City_____

Phone_____

Type of system_____

Address of system to be installed_____

Signature of
Applicant_____Date_____

“THIS IS NOT A PERMIT”

Tri County Septic
Wastewater Recycling Specialists
PO Box 283 – Royse City, TX 75189
903.285.5255 – jack@triseptic.com – www.triseptic.com



Name _____ Date: _____

Address _____ Phone: _____



City _____ State: TEXAS Zip: _____

Installation/Modification Policy

Terms of Policy:

1. An installation or modification of an Aerobic Septic System will be installed according to the specifications and design provided by an engineer, registered sanitarian or installer.
2. Any changes to the design including utilities that were not accounted for, or any reason requiring design changes not accounted for during the bidding process may result in an increase in price. Add \$40 per additional sprayhead over two (2). Add \$4.50 per foot of additional distribution line over 200'. Add \$250 for timer. Add \$40 per each additional 6" riser over 12". Add \$200 for control panel C Channel stand.
3. Property owner will be responsible for calling 811 (dig test) prior to installation. These markings must not be tampered with.
4. Property owner is responsible for locating and repair of any private utilities damaged during installation.
5. Any removal of excavated materials, fence removal, utility relocation or repair, tree or limb removal, landscaping, sprinkler damage or any other damages that occur during installation will be at the expense of the property owner.
6. Property owner will not hold Tri County Septic or any of its subcontractors liable for damage to any landscaping, driveways, walkways or utilities in the area of excavation or areas used to obtain access to the installation area.
7. Backfill areas will be soft and can settle. In the event of settling of the backfill materials, DO NOT walk on when wet due to potential hazards until the materials have settled.
8. Property owner will be responsible for obtaining an electrical source for OSSF and contacting Tri County Septic for proper breaker and wire sizing if needed.
9. Property owner will operate the system in a responsible manner and report any defects to Tri County Septic to be evaluated. Owner's manual may be included and will be available upon request.
10. Property owner will provide true and proper information on house size, property size, number of occupants, etc. for properly sized system. In the event of system failure due to overloading, abuse, or not following proper usage guidelines of the septic system, property owner will assume all responsibility.
11. Two (2) year Inspection Agreement included with installation and payment. Access to the entire system needs to be accessible to inspector at all times.
12. Two (2) year Manufacturer's warranty on parts included with installation and payment. Warranty violations 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 capacity, introducing excessive amounts of harmful matter into the system, or any other form of abuse.
13. Upon sale of the property, new owner should contact Tri County Septic with ownership change information to be provided to the county records office.
14. All materials installed during the contract will remain the property of Tri County Septic until full compensation for materials and labor has been received. Labor rates of \$85 per hour will be in effect to re-install any removed materials.

This policy becomes effective when signed by the Property Owner or their agent and accepted by Tri County Septic. Tri County Septic may terminate this contract for any reason at any time. I agree that all information provided to Tri County Septic is true and I agree with all terms and conditions. All payment is due in full prior to beginning excavation and installation. Check or Cash preferred. A 5% handling fee for credit will be applied. **A cancellation fee of \$250, plus any expenses Tri County Septic has incurred for permits and design will be applied.**

Property Owner or Agent signature: _____ Date: _____

Date: _____

Jack Self, Tri County Septic | License #MP0001892/OS0033020

TRI-COUNTY SEPTIC
Wastewater Recycling Specialists
PO Box 283
Royse City, TX 75189

Office 903-285-5255
Fax 877-273-4380
jack@triseptic.com
www.triseptic.com



Permit # _____ Due Date: _____ Annual Inspection Agreement Price: \$ _____

Beginning Date: _____ Ending Date: _____ Manufacturer: _____



The County requests receipt of the agreement 30 days prior to the renewal date.

Service Policy

Term of Policy:

1. An inspection/service call every 4 months, which includes inspection, adjustments, and service of the mechanical and electrical components parts as necessary to ensure proper function. If any additional visits are necessary there will be an additional service charge.
2. If there is **NO ACCESS** to the on-site sewage facility (OSSF), there will be a **\$85 service charge to re-inspect system**, unless previously notified.
3. All **"CALL BEFORE"** customers will be notified the day prior to inspection via phone, voicemail or text. If there is **NO ACCESS** to the on-site sewage facility (OSSF), there will be a **\$85 service charge to re-inspect system**, unless previously notified.
4. An effluent quality inspection every 4 months consists of a visual check for color, turbidity, scum overflow, and examination for odor.
5. A sample shall be pulled from the pump tank every 4 months as described in the "SOLIDS REMOVAL" section to determine if there is an excess of solids in the treatment plant. If the test results determine a need for solid removal, the user will bear the cost and the responsibility for doing so.
6. User is responsible for keeping the chlorine in the chlorinator. If chlorine test reveals no chlorine, a grab test is required. User will be responsible for the cost.
7. If any improper operation is observed which cannot be corrected at that time, the user shall be notified immediately in writing of the conditions and the estimated date of correction.
8. All emergency calls will be visited within 24 hours and non-emergency calls within 72 hours.

Violations of Warranty

Includes shutting off electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, over loading the system above capacity, introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

This policy does not include pumping of sludge from the unit if necessary. Your local Permitting Authority may require a service policy to be in effect at all times or the on-site sewage facility permit is void. Failure to maintain the permit requirements can result in fines, court cost, and penalties by the County and State regulatory agencies. Any fees for non-compliance are the responsibility of the homeowner.

This policy is effective when signed by the homeowner or homeowner's agent and accepted by Tri County Septic. Tri County Septic may terminate this contract for any reason at any time.

All materials installed during the contract will remain the property of Tri County Septic until full compensation for materials and labor has been received. Labor rates of \$60 per hour will be in effect to re-install any removed materials.

Inspection Agency:

Homeowner:

*Name: _____

***Home Owner Signature:**

*Address: _____

*City _____ Zip: _____

Service By: Tri County Septic

*Phone# _____

License # MP0001892/OS0033020

*Email: _____

* Call or Text Before Inspection due to: Aggressive Dogs Locked Gates Gate Code _____

Immediately following inspection, the OSSF inspector will call primary number listed above to notify the inspection is complete.

Office Use Only:

Payment: Cash Credit Card Check # _____ Entered _____ Faxed _____ QB _____