

ALL-PRO SEPTIC

dba of Curtis J. Harris Enterprises, LLC

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DOCUMENT REQUIREMENTS FOR SEPTIC SYSTEMS

As you know, we will be providing you with a TURNKEY installation of your new SEPTIC SYSTEM. This means we will handle everything from start to finish. Including drawings, designs, permits, installation, and inspections.

In order for us to accomplish this, each county requires that we provide them with the attached forms filled out and signed by the actual owner of the property where the installation will occur. We are including sample(s) of the forms that apply to your specific installation requirements, to assist you in filling out the forms to your best ability. If there is ANYTHING on there that you can't fill in; don't worry. We will be happy to help with the completion. AND. Don't worry about the notary; as we have a notary here, and we will take care of that for you as well.

In addition to the attached forms, we ask that you provide us with a COPY OF YOUR WARRANTY DEED.

Each county requires that we submit ORIGINALS of the forms you will be filling out; so, we will need to work with you on the best way to get them from you. In person or by mail if you are not local.

Here are the steps we need for the installation process:

- 1) You will fill out the attached forms to the best of your abilities. IF you have ANY questions; please call us at 903-765-2903 so we can help you fill them out.
- 2) You must also provide a copy of the WARRANTY DEED for the property where the system will be installed.
- 3) You will let us know when you are finished so we can make arrangements to get the originals from you
- 4) We will go over the documents, and add or correct any information if necessary.
- 5) We will get the official drawing from a State Licensed Designer
- 6) We will take your original documents, along with the designers' drawings, and obtain the installation permit.
- 7) We will install your new Septic System
- 8) We will contact the county for a final inspection which is usually done the final day of installation.
- 9) Your payment is due in full on the final day of installation. Please see the form you will be signing entitled PAYMENT AND WIRING INSTRUCTIONS.

*ALL PERMIT FEES ARE NON REFUNDABLE
*ONE PERMIT PER SYSTEM

Permit Number: _____
Date: _____

HENDERSON COUNTY

On-Site Sewage Facilities Permit Application

Property Owner's Name: _____
(first) (middle) (last)

Mailing Address: _____
(Street) (city) (zip)

Phone No.: _____ / _____ / _____
(Home) (Work) (other)

Site Address: _____
(Address required: 911 address and/or County Road #) (City) (Zip)

Subdivison Name: _____ Block _____ Lot _____

Other than Subdivison: Acreage: _____ Survey: _____

*For Legal Description Please attach proof of ownership documents.

Maximum Water Consumption (gallons per day): _____ Actual _____ Estimated _____

Water saving devices? _____ Yes _____ No

Source of Water? _____ Private Well _____ Public Water Supply-Name _____

_____ Single Family Residence: Number of Bedrooms _____ Square Footage Living Area: _____

_____ Commercial/Institutional/Multi-Family: Type: _____

Number of Employees/Occupants/Units: _____ Days Occupied per Week: _____

Site Evaluator: _____ Registration No. & Type _____

Designer: _____ Registration No. & Type _____

Address: _____ Phone No. _____
(Street, PO Box, or Router/City/Zip)

Installer: _____ Registration No. & Type _____

Address: _____ Phone No. _____
(Street, PO Box, or Router/City/Zip)

I hereby certify that under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that the information is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation or falsification may result in denial of my application. Authorization is hereby granted for the Permitting Authority to enter the above-described property for the purpose of the lot evaluation and inspection of on-site facility and related activities. A permit to operate the facility will be granted following a successful inspection of the system, provided the system has been installed in compliance with the TCEQ's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

Signature of Owner

Date

(AC) Approved For Construction By: _____ License No. _____ Date: _____

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (AC) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS "AUTHORIZATION TO CONSTRUCT", BASED ON PLANNING MATERIALS RECEIVED BY THIS DATE.

.....
(AO) INSPECTED AND APPROVAL TO OPERATE GRATED BY: _____
On-Site Inspector License No. Date

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (AO) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS "NOTICE OF APPROVAL TO OPERATE", BASED ON FIANAL SYSTEM APPROVAL, IF CHANGES WERE MADE AFTER RELEASE OF AUTHORIZATION TO CONSTRUCT.

AFFIDAVIT

THE COUNTY OF HENDERSON
STATE OF TEXAS

CERTIFICATION OF ON-SITE SEWAGE FACILITIES REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for on-Site Sewage Facilities, this document is filed in the Official Public records of Henderson County, Texas.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), 5.012 and 5.013, give the TCEQ 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 TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TCEQ requires an Official Public Record recording. Additionally, the owner must provide proof of the recording to the local OSSF permitting authority. This document is not a representation or warranty by the TCEQ or the local permitting authority of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ or the local permitting authority that the appropriate OSSF was installed.

Before me, the undersigned authority, on this day personally appeared (land owner's printed name):
_____ who after being by me duly sworn, upon oath states that he/she is the owner/owner's agent of record of that certain tract, lot, or parcel of land lying and being situated in _____ County Texas, and being more particularly described as follows:

Lot _____, Block _____, Subdivision _____, Unit # _____, Acreage _____,
Survey Name _____, Abstract # _____, Deed Volume _____, Page _____, Tract _____,
Section _____, GEO # _____
911 Address _____

OR ATTACH: A COPY OF WARRANTY DEED/W METES AND BOUNDS PROPERTY DESCRIPTION

An OSSF requiring inspections and maintenance according to 30 Texas Administrative Code 285.91(12) is proposed to be installed on this property. This OSSF shall 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. All non single family residences will require a maintenance contract with yearly testing and reporting. 30 TAC 285.91 (4). All aerobic treatment systems are subject to inspections by the local authorized agent at any time as described in 30 TAC 285.7 (4,g).

Upon sale or transfer of the above described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF may be obtained from the local permitting authority.

WITNESS MY HAND ON THIS THE _____ DAY OF _____, 20_____

(Owner's Signature[s])

SWORN TO AND SUBSCRIBED BEFORE ME on this the _____ day of _____, 20_____

By _____
(Owner's Printed Name)

Notary Public, State of Texas

Notary's Printed Name
Commission Expires: _____

(Seal)

OSSF Soil & Site Evaluation

Page 1 (Soil & Site Evaluation)

Date Performed: ____/____/____

Property Owner: _____

Site Location: _____ Proposed Excavation Depth: _____

REQUIREMENTS:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil borings or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed disposal field excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on this form. Indicate depths where features appear.

Soil Boring Number:					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

Soil Boring Number:					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

FEATURES OF SITE AREA

- Presence of 100 year flood zone Yes No
- Presence of upper water shed Yes No
- Presence of adjacent ponds, streams, water impoundments Yes No
- Existing or proposed water well in nearby area (within 150 feet) Yes No
- Ground Slope _____ %

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

(Signature of person performing evaluation)
Form # PA3/2-2004-Revised-Final

(Date)

Registration Number and Type

Date Performed: ___/___/___

Site Location: _____ Subsurface Disposal Surface Disposal

Schematic of Lot or Tract

Show:

Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and any other structures where known.

Location of existing or proposed water wells within 150 feet of the property.

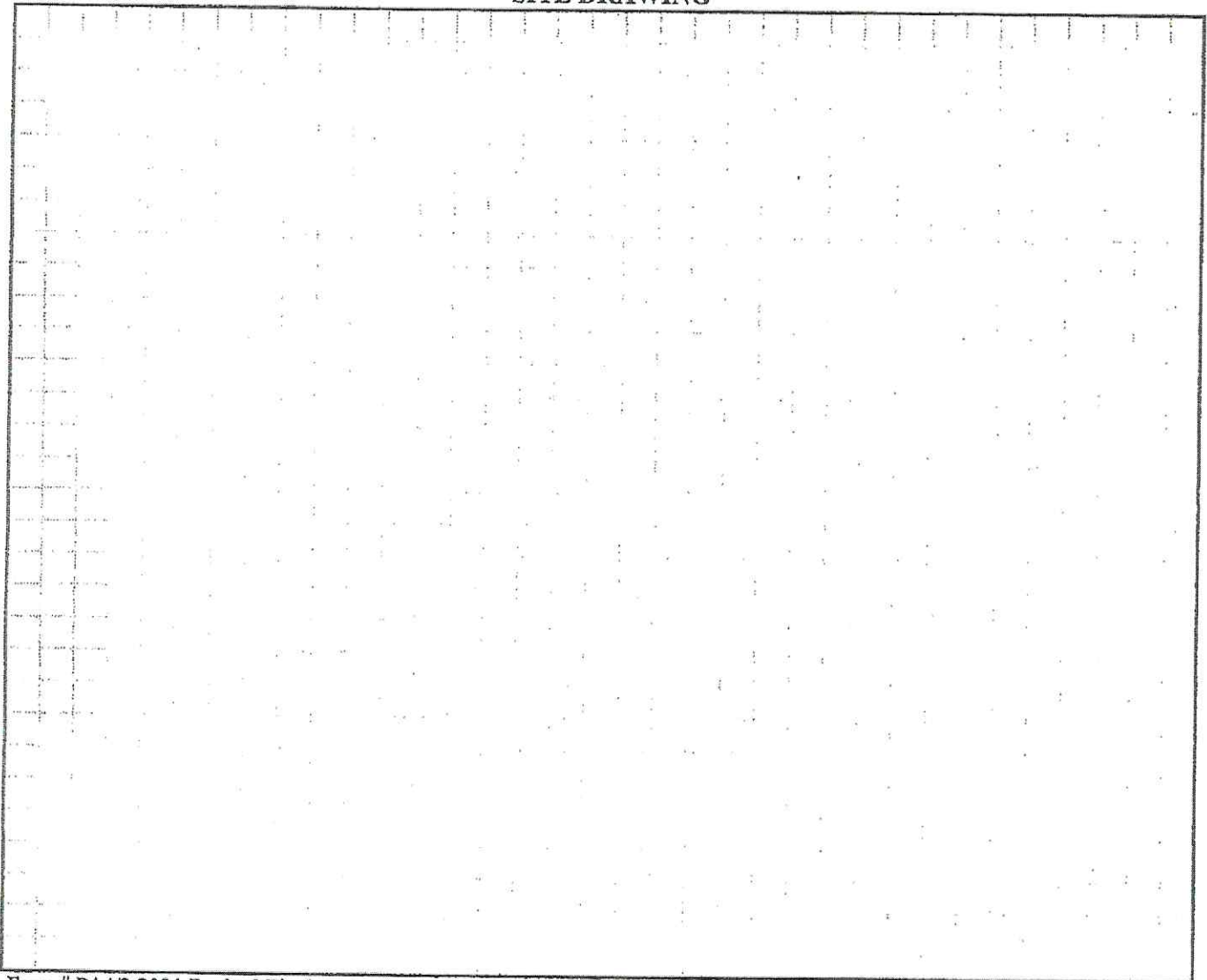
Indicate slope or provide contour lines from the structure to the farthest location of the proposed disposal field.

Location of soil boring or excavation pits (show location with respect to a known reference point).

Location of natural, constructed, or proposed drainage ways (ditches, streams, ponds, lakes, rivers, etc.), water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size: _____ or Acreage: _____

SITE DRAWING



AFFIDAVIT

THE COUNTY OF _____

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 HENDERSON 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 the authority of the TWC and the Texas Health and Safety Code, requires owners 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 or the Permitting Authority of the suitability of this OSSF, nor does it constitute any guarantee by the commission or the Permitting Authority 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 the following:

Lot: _____, Block: _____, Subdivision: _____, Phase: _____,
Acreage: _____, Survey Name: _____, Abstract: _____, Deed Volume: _____, Page: _____,
Tract: _____, Section: _____, Instrument/Document Number or GEO #: _____,

The property is owned by (insert owner's full name): _____

This OSSF shall 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.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, 2020.

(Owner signature(s))

(Owner(s)signature(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 2020.

Notary Public, State of Texas
Notary's Printed Name
My Commission Expires:
NOTARY SEAL BELOW:

INSTALLATION OF SEPTIC SYSTEM RELEASE OF LIABILITY DETAILS

By signing this document below, the customer who has commissioned us to install their septic system of any type, understand that Curtis J. Harris Enterprises, LLC dba All Pro Septic, shall be held harmless and released from any and all liabilities pertaining to the following.

1- SITE INFORMATION:

- a. Customer understands that areas identified and agreed upon by both All Pro Septic and the owner as installation area requirements, may be subject to the disruption of present locations of dirt, plants, trees, grass, etc.

2- LIABILITY FOR UNDERGROUND AREAS:

- a. Customer understands that All Pro Septic shall NOT be responsible for damage to any underground utilities, piping, sprinkler lines, etc that are not clearly marked or identified prior to installation day.

- 3- ELECTRICAL POWER:** It is the liability and responsibility of the HOMEOWNER to ensure that there is electrical power available if it is required for this project. All Pro Septic are NOT LICENSED ELECTRICIANS, and will and can only perform the electrical plug-in to the homeowners power source. IF, an electrician is required, it shall be the responsibility of the HOMEOWNER to utilize a licensed electrician, at their own expense. However, if the HOMEOWNER would like us to assist in locating an electrician, and have us coordinate the process, the HOMEOWNER will also pay for the electrician and materials, and there will be a separate charge on the All Pro Invoice for this project to accommodate that expense. Homeowner agrees to hold All Pro Septic harmless from any and all liabilities associated with any issues that may occur from utilizing any additional contractors on-site.

4- LAWNS AND GROUNDS AREA:

- a. Customer understands that installation of septic systems may require the removal or disruption of lawns, plants, trees, etc in order to accomplish the proper placement of the system. These areas will be identified and confirmed with the homeowner prior to installation. Homeowner understand that All Pro Septic shall not be responsible for replacing and/or re-installing any of the grounds area. This includes sod, plants, etc.

5- WEATHER

- a. Customer understands that the installation of septic systems may subject to scheduling changes and/or delays due to weather conditions both prior to and during the scheduled installation date. Should the site area be deemed unsafe to install due to saturated grounds or increment weather, the installation must be delayed to avoid the heavy equipment sinking into the ground at customers site, and being unable to be removed. Weather can also play a large role in affecting the safety of our installation crews, and should we determine that it is unsafe to proceed and reschedule, we will do so without penalty.

- 6- MISCELLANEOUS. THIS AREA IS FOR OTHER ITEMS NOT STATED ABOVE THAT MAY BE NECESSARY TO ADD DUE TO UNIQUE AND/OR SPECIFIC INSTALLATION REQUIREMENTS. THEY ARE ALSO A PART OF THIS AGREEMENT.**

I have read all of the above, and clearly understand the terms of this document. By my signature below, I do hereby agree to all of the above, and to hold Curtis J. Harris Enterprises, LLC dba All Pro Septic, free and harmless from all liabilities herein.

_____	_____	_____
Signature of Customer	Print Name of Customer	Date

_____	_____	_____
Signature of Customer	Print Name of Customer	Date

ON-SITE WASTERWATER SYSTEM CHECKLIST FOR DESIGNED SYSTEM

OWNER'S NAME _____

The following information must be included with the design package for review by the Hopkins County Environmental Quality. Failure to include or address all of the following items may result in approval delays.

- Plans and Report must bear a Signed and Dated Seal of the responsible Registered Sanitarian or Registered Professional Engineer. The address and telephone number of this person must also be included in the submittal.
- A Report must be included in the submittal containing the following information:
 - Basis of design
 - Site Evaluation
 - System flow and sizing calculations
 - Material specifications
 - Size and model number of approved aerobic system (if used)
- Construction Drawing must include the following information:
 - A Scaled, Legible Site Plan with Boundary Description
 - The location of all buildings (existing or proposed) on the site plan
 - The location of the wastewater treatment units and disposal area
 - Setback Distances and Water Wells must be identified and located on the site plan
 - The site plan must also include topographical contours for slopes greater than 15%
 - Easements and Bodies of Water (lakes, streams, creeks, ditches, ponds etc.) must be identified
 - Installation details such as septic tank configuration, layouts, cross-sections of drainfields and disposal beds, irrigation systems and pump station including piping and controls

Signature of Designer

Address

Telephone Number

ALL-PRO SEPTIC

308 Katy St.

Alba, TX 75410

Office: (903) 765-2903 Fax: (903) 765-2902 Cell: (903) 850-0268

NEW OWNER REVISION OF THE INITIAL TWO-YEAR SERVICE POLICY FOR AN ON SITE SEWAGE FACILITY TREATMENT SYSTEM PREVIOUSLY SIGNED FOR BY THE BUILDER THEY PURCHASED THE PROPERTY FROM

Purchaser/Property Owner _____ Phone # _____

Address _____ City _____ State _____ Zip _____

I, Curtis J. Harris agree to provide an initial **TWO-YEAR** service contract to the above-named property owner as a part of the OSSF original installation price. This contract shall provide the following:

1. An inspection/service call, **AT LEAST ONCE EVERY FOUR MONTHS**, which will include the inspection, adjustment and servicing of all mechanical and electrical components parts, filters, chlorinator, distribution system, and spray application field, to insure their proper operation.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum and overflow, an examination for odors and **A CHLORINE RESIDUAL TEST**.
3. Home owner or business owner is responsible for keeping the proper type of chlorine in the chlorinator at all times.
4. A BOD & TSS will be performed once a year.
5. If any improper operation is observed which cannot be corrected at the time of the inspection the property owner shall be immediately notified in writing of the conditions and the estimated date and cost of repairs.
6. Problem/complaint calls from the property owner shall be responded to within 48 hours of notification of this maintenance company.
7. The manufacturer's certified representative for servicing, testing and reporting on this system is:
Curtis J Harris Certification # MP0001171

THE PROPERTY OWNER IS RESPONSIBLE FOR HAVING A MAINTENANCE CONTRACT IN EFFECT AT ALL TIMES. At the end of this initial two-year contract, a continuing service contract, with terms comparable to this initial contract, may be purchased from any certified person.

This warranty/service contract does not cover the cost of service calls, labor or materials which are required due to "misuse or abuse" of the system, failure to maintain electrical power to the system, sewage flows exceeding the estimated hydraulic load or organic design capability, the disposal of non-biodegradable materials, chemicals, solvents, grease, oil, paint, etc., or of any usage contrary to the requirements listed in the owner's manual or as advised by the authorized service representative.

Additional services, replacement of out-of-warranty parts, waste removal from the system "**wasting or tank pumping**" and other services offered by the installer/representative, or others can be performed for an additional charge by written request.

Purchaser/Property Owner _____ Date _____
(Signature)

Installer/Service Representative _____ MP 0001171
(Signature) (Certification #)

Date of approval _____ Date contract Expires _____

