

ALL-PRO SEPTIC

dba of Curtis J. Harris Enterprises, LLC

308 Katy Street Alba, TX 75410

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

Email: allprosepticalba@gmail.com Website: www.all-proseptic.com

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.

**HUNT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL SERVICES
2701 JOHNSON STREET, GREENVILLE, TX. 75401
Telephone: 903-408-4140 Fax: 903-454-2913
E-Mail Address: health@huntcounty.net**

**HOW TO OBTAIN "AUTHORIZATION TO CONSTRUCT" FOR AN
ON- SITE SEWAGE FACILITY**

All items listed must be filled out properly. Any items missing or incorrect will delay the permit. All items listed must be turned in at the same time before payment for the permit will be accepted. The property owner must sign all documents requiring signatures.

Fee: \$335.00 Residential

Fee: \$500.00 Commercial

Application - (**Original** form in property owner's full name)

911 addresses - For installation site

Developmental Permit (Fee- \$40.00)-Obtained at "Hunt County Health Department." If permit is being applied for in advance you must provide our office with the homeowner's full name, the 911 address and a contact number. You can contact our office by phone at 903-408-4140.

Proof of Ownership - Most current copy of "deed"

**Must be filed with County Clerk office and
show filing stamp on the deed.**

Survey plat map of the property

Metes and bounds of the property (usually in deed)

Site Evaluation and design, technical information sheet (original)

Items listed below are also required for AEROBIC systems only.

"Affidavit" - Must be **ORIGINAL** provided by our office. Must have metes and bounds to prepare.

Maintenance Contract - Signed by property owner and installer.

"Aerobic Wastewater Treatment Systems Homeowners Information" form must be signed by property owner.

"Authorization to Construct" will be issued when the application is reviewed and approved. (within 30 days for this process if all paperwork is in order)

Payment: We accept cash/checks, money orders, debit/credit cards (Visa, Master Cards, Discover-with a convenience fee) . If paying by check or money order three separate checks will be required (OSSF Permit, Development Permit and the County Clerks Office)

HUNT COUNTY HEALTH DEPARTMENT

2701 JOHNSON STREET, GREENVILLE, TX. 75401

Telephone: 903-408-4140, Fax: 903-454-2913

Permit # _____ Date: _____ Flood Plain Construction Permit: _____

APPLICATION FOR ON-SITE SEWAGE DISPOSAL PERMIT

Application fees are non-refundable and valid one year from date of purchase

OWNERS INFORMATION:

Property Owners Name: _____
(Last) (First) (Middle In)

Driver License #: _____ Email (Required): _____

Current Mailing Address: _____ / _____ / _____ / _____
(Address) (City) (ST) (Zip)

Telephone Numbers: _____ / _____ / _____
(Required) (Home) (Work) (Other)

PROPERTY INFORMATION:

Property Address: _____ / _____ / _____
(911 Address) (City) (Zip)

Subdivision (if applicable): _____ / _____ / _____ / _____
(Name) (Phase) (Block #) (Lot #)

Number of acres: _____ Private Well or Water Supply Co. _____
(Name of Company)

Property ID# _____ Abstract: _____ Tract: _____ Deed: Volume _____ Page _____

COMPLETE EITHER RESIDENTIAL OR COMMERCIAL

SINGLE FAMILY RESIDENT

Type of structure: House Mobile Home Metal Building Other: _____

Check one of the following: New resident Existing resident, replacing system

Living Square Footage: _____ Number of Bedrooms: _____ Number of People: _____

COMMERCIAL

Business name: _____ Type of business: _____

Contact person: (if other than owner): _____ Ph# _____

Is water used in a manufacturing process? _____ Square footage of structure(s) _____

Number of employees: _____ Days occupied per week: _____

(CONTINUE ON BACK)

HUNT COUNTY DEVELOPMENT PERMIT APPLICATION
Hunt County Health Department 2701 Johnson Street Greenville TX 75401 903-408-4140
PERMIT FEE \$40.00

1. Property Owner Name: _____
Current Mailing address: _____
Contact-phone number(s): _____
Email _____

Property Information:

Property ID # _____ Number of Acres _____
If located in a subdivision complete the following:
Name of Subdivision: _____ Section # _____ Block # _____ Lot # _____

2. Nature of proposed development: (check ALL that apply)

- Requesting new 911 address
- Residential or Commercial: If a business: Name _____ Type _____
- New construction
- Substantial improvement to existing structures
- On-Site Sewage Facility
- Alteration to or development within floodplain.
- Other or Comments: _____

WARNING: Please read and acknowledge.

The flood hazard boundary maps and other flood data used by the Hunt 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. Issuance of an exemption certificate shall not create Liability on the part of Hunt County, the Hunt County Floodplain Administrator or any officer or employee of Hunt County in the event flooding or flood damage does occur. Note: Additional federal, state or local, permits may be required.

IF PROPERTY IS DETERMINED TO BE LOCATED IN A FLOODPLAIN, THE APPLICANT WILL PROVIDE A COPY OF THE PLANS FOR THE PROPOSED CONSTRUCTION.

Property Owner Signature

DO NOT WRITE BELOW THIS LINE

Is any part of the property located in an identified flood hazard area? Yes No

Is the proposed development located in an identified flood hazard area? Yes No

Is the property located in the floodway? Yes No

FIRM Zone Designation is: _____ FIRM Panel No. _____ Dated _____

Base Flood Elevation at the site is _____ ft. NGVD (MSL) or is unavailable _____

Is additional required (including letter of change)? Yes No

Ensure that applicant is receiving the necessary federal, state, or local permits. Yes No

Variance Issued Permit Application Approved Permit Application denied

Floodplain Administrator or representative _____ Date _____ Permit Number _____

New 911 address if requested: _____

AFFIDAVIT

THE COUNTY OF HUNT

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 Hunt County, Texas.

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code, § 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:

Subdivision _____ Phase _____ Block _____ Lot(s) _____

Abstract _____ Tract _____

Deed: Volume _____ Page _____

Property ID _____

The property is owned by: _____,
(Print Property Owners Full Name) (911 Address of 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 of expiring, or maintain the system personally, with the proper training, and compliance of the Hunt County OSSF order.

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 Permitting Authority.

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

(Owners Signature)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____

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



HUNT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL SERVICES
2701 JOHNSON STREET
GREENVILLE, TX 75401
TELEPHONE: 903-408-4140
FAX: 903-454-2913
E-MAIL: health@huntcountv.net

PRIVATE SEWAGE DISPOSAL CHANGE OF OWNERSHIP

PERMIT # _____

New Owner: _____

Driver's License Number _____

Driver's License Number _____

Phone Number (Home) _____ (Work) _____

Cell Number _____ Email Address _____

Property Address: _____

Previous Owner: _____

PLEASE READ AND SIGN:

The undersigned understands that a properly installed sewage facility can malfunction. Increases in water usage, water leaks, seasonally high water tables, soil conditions, age of system, rainfall and low evaporation rates can cause failure of a system. The owner is responsible for pumping out tanks every 2-4 years based on family and type of wastewater being discharged. It is the applicant's responsibility to correct, change, or increase the system due to the malfunction of a properly installed system. The applicant must maintain and operate the facility in a satisfactory manner and comply with all County, State, and Federal regulations.

Aerobic Wastewater Treatment System: The owner of an aerobic wastewater system is responsible for chlorine and maintaining a written maintenance contract with an approved maintenance company at all times. Homeowner agrees to receive legal services by email.

Applicant's Signature: _____ Date: _____

Installer Name: _____ OS# _____ Phone # _____

Installer's EMail _____

Please review information about septic systems prior to signing below:

How is the size of a septic system determined? The size of a system is determined by the number of bedrooms, living square footage, and number of people occupying the resident. If room has a closet, it is considered to be a bedroom.

What determines the type of system to be installed? Soils, separation requirements, and topography issues.

What if I have clay soils? The TCEQ list 6 options for septic systems being installed in clay soils. Contact our office if you have questions about these options.

Does Hunt County require aerobic systems only in clay soils? NO

If an aerobic system is installed, do I have to have a maintenance contract at all times on the system? Yes

Do I have any say so about my septic system design? Yes. It is the homeowner's job to give input to the installer or/and designer, and to review the final design layout. Especially for any future improvements (garages, swimming pools, shops, ponds, ect.). If possible avoid areas where children play or directly behind the house where decks are located and the family grills and entertains outside. However, the smaller the property size, the less options a homeowner has for installing the system.

Additional Documentation in Complex OSSF Applications:

In certain cases where a proposed On-Site Sewage Facility (OSSF) presents technical complexities or inconsistencies, the County may require additional documentation to properly evaluate the application. This may include interior floorplans, plumbing schematics, and/or electrical layouts necessary to verify system sizing, wastewater sources, and proper placement of OSSF components. These requests are made in accordance with the County's authority under Texas Health & Safety Code §366.053 and 30 TAC §285.5 to ensure all systems are designed in compliance with public health and environmental standards.

PLEASE READ AND SIGN:

The undersigned applicant certifies that all information supplied herein is true and correct to the best of their knowledge and no incorrect information was provided for purposes of obtaining an "Authorization to Construct". I have reviewed the design plans and understand the type of system being installed and where all components of the system will be located. Required items left blank or incomplete WILL delay "Authorization to Construct" until corrected.

Applicant agrees to receive legal service by e-mail

Property Owner's Signature _____ Date _____



HUNT COUNTY HEALTH DEPARTMENT

2701 JOHNSON ST., GREENVILLE, TX. 75401
Telephone: 903-408-4140 Fax: 903-454-2913

AEROBIC WASTEWATER TREATMENT SYSTEMS HOMEOWNERS INFORMATION

“Hunt County does not require aerobic systems, alternative systems are available”

Maintenance Contracts:

Maintenance contracts go into effect the day the system is approved. The original installation contract is good for 2 years from that date. Maintenance contracts must be maintained at **all** times for an aerobic system. After 2 years the owner is responsible to renew the contract, but not required to use the original installer. Renewals must be submitted 30 days prior to expiration of the contract. Hunt County charges an administrative fee for each renewed contract.

Testing and Reporting:

Maintenance companies shall inspect a system 3 times a year minimum. This shall be done at 4 month intervals. Tags are to be placed on the unit or in breaker box so the maintenance provider can document inspections. Copies of the inspection report shall be sent to the County Health Dept. and the homeowner.

Chlorine:

Chlorine must be maintained in an aerobic system at **all** times. Chlorine is present to destroy any waterborne diseases that may be present. The homeowner is responsible to make sure the system always has chlorine.

Property access:

The owner must provide access to the aerobic unit when requested by the maintenance company and/or Health Department. This shall be provided during normal working hours (8 am - 5 pm, Monday - Friday). Access may be limited due to a locked gate or due to aggressive dogs, etc.

Problems:

If a problem arises with the unit that has been installed, immediately contact the current maintenance company. If at any time a problem is not corrected or the company fails to provide the required maintenance, contact our department.

Altering the aerobic unit:

Once an aerobic unit has been installed and inspected, it may not be altered in **any** way. Not by the homeowner or a licensed installer. This includes moving or changing the spray of the sprinklers or connecting another residence to the system. If something needs to be altered contact our office, a permit must be issued for any alteration and an inspection performed.

Tank pumping:

Aerobic system must be pumped about every 2-4 years. Failure to pump the system can result in BOD overloads and result in an odor. Failure to comply or correct the situation can result in costly repairs. Grease and garbage disposal can and will cause problems with any type of septic system.

I have read and understand the requirements outlined above. This also includes any current or new regulations passed by the state or county. By installing a surface disposal wastewater system, I agree to meet all state and county regulations.

Land owners signature: _____ Date: _____ Permit # _____

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 |

ALL-PRO SEPTIC

dba of Curtis Harris Enterprises, LLC

308 Katy Street Alba, TX 75410

Office: (903) 765-2903 Fax: (903) 765-2902

PAYMENT AND WIRING INSTRUCTIONS FOR PAYMENT OF SERVICES PERFORMED

Our company policy is that **PAYMENT IN FULL IS DUE UPON RECEIPT OF INVOICE** which is provided upon completion of agreed services. Payment can be made by cash, cashiers check, money order, or personal LOCAL check, and is to be hand delivered to one of our company representatives within two (2) days of receipt of invoice at an agreed time and location. Other delivery arrangements may be made **ONLY** upon the approval of Curtis Harris, Owner, All Pro Septic.

For customers who are **FULL OR PART TIME RESIDENTS OF THE PROPERTY** on which we have performed Septic installation, repair or other services, the following three (3) options for payment are offered:

- 1) **OPTION 1:** Schedule an appointment to meet with us within two (2) days of receipt of invoice after completion of project to hand deliver payment by cash, cashiers check, money order, or personal local check.
 - a. Out of area and out of state payments must be made by Cashiers Check. This avoids our bank holding the release of payment to us for your personal checks pending clearance by your personal bank.
- 2) **OPTION 2:** Payment sent via WIRE TRANSFER can be sent within two (2) days of receipt of invoice after completion of project. Each bank has their own criteria as to what information is required to perform a wire transfer. Please contact Angela Harding, Office Manager for All Pro Septic at 903-765-2903 between the hours of 9:00 am and 3:00 pm CST, IF YOU CHOOSE TO WIRE TRANSFER, CONTACT US IMMEDIATELY AND WE WILL PROVIDE YOU WITH WIRING INFORMATION PERTAINING TO OUR ACCOUNT THAT YOU SHOULD WIRE TO.
- 3) **OPTION 3:** When we invoice you, you may pay within two (2) days DIRECTLY FROM THE INVOICE WE EMAILED TO YOU by hitting "VIEW AND PAY" as the payment option when you open it. At that point, you can pay simply by paying directly from your bank account into ours, with no fees to you.
- 4) **OPTION 4:** Should you decide you would like to request that we accept a partial or full payment for your project using a card, be advised that it is our policy to charge a 3% MANAGEMENT CARD CONVENIENCE FEE for our staff's handling of this process. The 3% amount, shall be determined to be 3% of the TOTAL AMOUNT YOU DESIRE BE CHARGED.

NON-PAYMENT: I understand if I have an unpaid balance to All Pro Septic and if I do not make satisfactory payment arrangements, my account may be placed with an external collection agency. I will be responsible for reimbursement of the fee of any collection agency, which may be based on a percentage at a maximum of 35% of the debt, and all costs and expenses including reasonable collection and attorney's fees incurred during collection efforts.

I have read all of the above payment options stated herein and understand that by signing this document, I agree to the payment terms offered for payment within two (2) days for services rendered by All Pro Septic. I have elected to choose

OPTION 1: PAYMENT IN PERSON _____ OPTION 2 OR 3: PAYMENT VIA BANK TRANSFER _____ OPTION 4 _____
INITIAL INITIAL INITIAL

PRINT NAME

SIGNATURE

DATE