



POLK COUNTY PERMIT DEPARTMENT

Contract Dates:	_____ to _____	Permit #:	_____
Owner:	_____	Drivers License:	_____
Mailing Address:	_____	Date of Birth:	_____
	_____	Phone:	_____
	_____	Mobile:	_____
Site Address:	_____		
Make, Model, Serial #:	_____		

This is to certify that I, the owner of a residence located at the above site address have a current maintenance contract agreement with the Polk County Permit Department. I understand that homeowners choosing to perform their own inspections and reporting must submit this contract to the Polk County Permit Department, whereby I am indicating to the County that I will conduct the required maintenance on my property and provide periodic inspection reports along with verifiable documentation indicating that I have the qualifications to do such inspections as required and prescribed by the On-Site Sewage Facility (OSSF) Order of Polk County.

I further understand that inspections and reporting, at a minimum, must meet all requirements as set by the On-Site Sewage Facility (OSSF) Order of Polk County and Title 30, TAC, Chapter 285, On-Site Sewage Facilities as well as the inspection requirements outlined by the manufacturer for the brand of system being inspected. Any additional repairs, inspections or service to my aerobic treatment on-site sewage facility will require a report submitted to the Designated Representative for Polk County.

Inspections will include: An effluent quality inspection consisting of a visual check for color and examination for odor, sludge testing on all tanks, check chlorine at each inspection. Pumping of tanks and servicing of any mechanical and electrical components must be made by a Maintenance Provider. If any improper operation is observed which cannot be corrected at that time, the Permit Department shall be notified by call our office - 936-327-6820 x 1.

Finally, I understand that as the homeowner, I am responsible for adding chlorine to the system as need and as required by law.

WARNING!!

.....Failure to renew the Homeowner Maintenance Contract OR inspections not submitted will terminate my Homeowner Certification and I will be required to hire a Maintenance Provider.....

Homeowner:	_____	_____
	Printed Name	Homeowner's Signature

DO NOT WRITE BELOW THIS LINE

Designated Representative Signature: _____		
Contract Fee:	\$15.00/Contract Year	Amount Paid: _____
		Type of Payment: _____
		Receipt #: _____
		Date Paid: _____