



POLK COUNTY PERMIT DEPARTMENT

Contract Dates: _____ To _____ Permit#: _____
 Owner: _____ Drivers License: _____
 Mailing Address: _____ Date of Birth: _____

 Site Address: _____ Phone: _____
 _____ Mobile: _____
 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

Save Your Changes and Email Completed

Permit to: permits@co.polk.tx.us

DO NOT WRITE BELOW THIS LINE

Contract Fee: \$15.00/Contract Year

Amount Paid:
 Type of Payment:
 Receipt#:
 Date Paid:

Designated Representative Signature: