

## Homeowner Maintenance Contract

*City of Bellmead*

*City of Beverly Hills*

*City of Bruceville-Eddy*

*City of Crawford*

*City of Gholson*

*City of Golinda*

*City of Hallsburg*

*City of Hewitt*

*City of Lacy-Lakeview*

*City of Leroy*

*City of Lorena*

*City of Mart*

*City of McGregor*

*City of Moody*

*City of Riesel*

*City of Robinson*

*City of Ross*

*City of Waco*

*City of West*

*City of Woodway*

*McLennan County*

Permit Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_

Site Address: Same as above

City: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

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 Waco-McLennan County Public Health District which is the Designated Representative for McLennan County. I understand that homeowners choosing to perform their own inspections and reporting must submit a contract on this form provided to me by the Designated Representative for McLennan County, whereby I am indicating to the Designated Representative 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 McLennan 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 McLennan 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 McLennan County.

Failing to submit the required testing and timely reporting of results or falsifying the required documents or have confirmed nuisance complaints will void this contract. If this occurs, I am required to contract with a licensed maintenance provider and pay the aerobic unit maintenance fee.

I further understand that the annual aerobic unit maintenance fee is required to be paid each year.

Homeowner: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name

Designated Representative: Teresa Wills, R. S. Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Environmental Health Manager