



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

Homeowner Maintenance Contract

Permit Number: _____

Owner's Name: _____ Driver's License Number: _____

Mailing Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Site Address: _____

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 for their onsite aerobic treatment unit 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: David Litke, R. S. Signature: _____ Date: _____
Program Administrator