



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 Information Sheet

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

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

Site Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**This is to certify that the installer, or site evaluator, or system designer has explained alternative systems that are available depending on the Site and Soil Evaluation Report for the site address.**

**I wish to (circle one) have or not have an Aerobic Treatment Unit system installed.**

*Aerobic Treatment Units are not required by the Waco-McLennan County Public Health District.*

**If an Aerobic Treatment Unit system (ATU) is installed, I understand that at least 30 days prior to the expiration of the initial two year service policy, a maintenance contract with a certified maintenance provider or approved homeowner training is required in accordance with the On-Site Sewage Facilities Order for McLennan County. An ATU requires proper operation, periodic inspection, maintenance, testing, and reporting to function properly.**

**In addition to the maintenance contract, an annual aerobic unit maintenance fee of is required. This fee is paid to the OSSF program each year regardless of the terms of the maintenance contract or if I, as homeowner, chooses to maintain the system.**

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