



GUADALUPE COUNTY

310 IH 10 W, Seguin, Tx 78155

830-303-8858

permits@guadalupe.tx.gov

PROPERTY OWNER'S STATEMENT – ON-SITE SEWAGE DEVELOPMENT

I, _____, recipient of an On-Site Sewage Development Permit to place a structure or building on the property I own or possess, and known as

Property Address

Legal Description

I understand that said permit is being issued on the basis of the following conditions:

- The On-Site Sewage facility (septic system) that will service the proposed structure or building was installed after February 13, 1967 and **was NOT LICENSED TO OPERATE** by the Guadalupe County Environmental Health Department.
- I hereby authorize an inspector of Guadalupe County Environmental Health Department the right to enter at any reasonable time public or private property in the governmental entity's jurisdiction, including a municipality's extraterritorial jurisdiction, to inspect and investigate conditions concerning said solid waste management and control (THSC 361.032)
- Should an inspection determine that the said facility is not functioning properly, upon written notice, I will immediately terminate any discharge of sewage from the structure or building until the licensed on-site sewage facility has been installed and /or repaired at my expense. All must be done in accordance with the Guadalupe County On-Site Sewage Facilities Order. The system must be inspected and licensed to operate by the Guadalupe County Environmental Health Department.
- I acknowledge that I have read and fully understand the above conditions and/or stipulations. I further understand that my failure to strictly abide by the said conditions could result in filing of a complaint with the Justice of the Peace Court, and that the Court, if found guilty of violating the On-Site Sewage Facilities Order, could assess a fine per day for each day the violation exists.

_____ ***If any signs of septic failure occur after connecting into an OSSF, the property owner will be***
(Initial) ***required to construct a new on-site sewage facility for the attached structures.***

Signature of Requestor

Date

WITNESS MY HAND ON THIS _____ DAY OF _____, 20 ____ BY:

(Requestor Signature)

(Requestor Printed Name)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 20 ____

Notary Public, State of Texas

Commission Expires

Received By: _____

Date: _____