

**ACKNOWLEDGMENT OF TESTING REQUIREMENTS
FOR AN ON-SITE SEWAGE FACILITY USING PROPRIETARY,
SECONDARY, OR NON-STANDARD TREATMENT SYSTEMS**

I, _____, recipient of a license (No. 2-_____) to operate this on-site sewage facility that uses proprietary/secondary/non-standard treatment on the property I own that is located at _____ hereby acknowledge and agree that I must:

1. Employ, by means of an initial two-year prepaid maintenance contract, a wastewater operator certified by the State of Texas;
2. Employ a wastewater operator during the entire operational life of the said on-site sewage facility;
3. Assure that the wastewater operator provides the testing of the sewage effluent on the schedule provided below and sends the required report to the Harris County Public Infrastructure Department - Engineering Division, Permit Group:
 - a. **BOD⁵ - Annually**
 - b. **TSS - Annually**
 - c. **Chlorine or Fecal Coliform - Quarterly for Residential
Monthly for Commercial**
 - d. **pH - Quarterly for Residential Monthly for Commercial**
4. Operate this system in strict conformance with sewage effluent discharge standards promulgated by the Texas Commission on Environmental Quality (T.C.E.Q.). See Table IV attached.

I further understand that my failure to strictly abide by the above conditions could result in filing of a complaint with a Justice of the Peace Court and that the Court, if I am found guilty, could assess me a fine of up to \$200.00 per day for each day the violation exists.

The start-up date of the facility will mark the anniversary dates of testing and reporting.

Date

Signature of Licensee & Property Owner

Printed Name

TABLE IV
REQUIRED TESTING AND REPORTING

Type and Size of Treatment Unit	Frequency of Site Visits	Required Tests	Minimum Acceptable Test Results
Any Treatment Method in Conjunction with Surface Application	4 per year - Harris County (single family residence) 12 per year - Harris County (non-single family residence & commercial)	One BOD ₅ and TSS Grab Sample per year Total Chlorine Residual or Fecal Coliform at Each Required Test	BOD ₅ and TSS Grab Samples Not To Exceed 65 mg/l 0.1 mg/l Residual in Pump Tank or Fecal Coliform Not To Exceed 200 MPN/100 ml (CFU/100 ml)
Any Secondary Treatment System	At least once every four months	Same As Above	Same As Above
Non Standard	Permit Specific	Permit Specific	Permit Specific

Effluent Disinfection - Treated effluent must be disinfected prior to surface application. Approved disinfection methods shall include, but not be limited to, chlorination, ozonation or ultraviolet radiation. The efficiency of the disinfection procedure will be established by monitoring the fecal coliform count or chlorine residual from effluent grab samples as directed in the testing and reporting schedule. The frequency of testing and type of tests required are shown in Table IV.