



**BRAZORIA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
PROPERTY OWNER REQUEST FOR OSSF MAINTENANCE ASSISTANCE**

As the owner of the property mentioned below, I am requesting permission for a designated individual, other than myself, to conduct the maintenance of my aerobic septic system.

The property owner and the designated individual shall fully understand all of the following and accept the responsibilities outlined below.

- 1) It is the property owner's responsibility to ensure his/her aerobic septic system is properly maintained. It is the designated individual's responsibility to conduct this maintenance.
- 2) The designated individual must complete an approved OSSF aerobic system maintenance course to be allowed to complete the septic system maintenance.
- 3) The extenuating circumstances that apply to the property owner's situation and prevent him/her from performing these duties are documented on this form.
- 4) The designated individual's relationship to the property owner must be documented on this form.
- 5) The designated individual is not licensed by the State to perform these duties and shall not be paid for these services.
- 6) The property owner and the designated individual must accept these responsibilities and shall also sign page 2 of this form acknowledging his/her duties.
- 7) At any time, if this designated individual is unable or unwilling to perform these duties, the property owner must contact the Brazoria County Environmental Health Department. The property owner must either request permission for a change in designated individual or obtain a maintenance contract with a TCEQ approved maintenance provider.
- 8) This arrangement must be evaluated for approval by the Brazoria County Environmental Health Department to be a valid option for homeowner maintenance.

Property Owner's Information:

Name: _____
Last Name First Name MI

Property Physical Address: _____
Number Street City Zip

Mailing Address (if different): _____
Number Street City Zip

Home Phone: _____ Cell Phone: _____

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Septic System Permit Number (if known): _____

Extenuating Circumstances Preventing the Property Owner's Ability to Perform Septic System Maintenance Duties: _____

Relationship of Property Owner and Designated Individual: _____

Designated Individual's Information:

Name: _____
 Last Name First Name MI

Mailing Address: _____
 Number Street City Zip

Home Phone: _____ Cell Phone: _____

Maintenance Course Completion Date: _____ **Copy Must be Attached**

Property Owner's Signature Date

Designated Individual's Signature Date

-----Department Use Only-----

Reviewed By: _____ Date: _____

Approved

Declined Reason: _____