



**BRAZORIA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
PROPERTY OWNER CONDUCTING OSSF MAINTENANCE**

As the owner of the property mentioned below, I have completed the required training to conduct the maintenance of my aerobic septic system.

I 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.
- 2) The trained property owner is not licensed by the State to perform these duties and is not allowed to perform these duties other than his/her own property.
- 3) This form must be completed for each property for which the trained property owner will be conducting maintenance duties. These properties must be owned by the trained individual.
- 4) The property owner must accept these responsibilities and shall also sign this form acknowledging his/her duties.

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: _____

Septic System Permit Number (if known): _____

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

Property Owner's Signature Date

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

Reviewed By: _____ Date: _____