## **IMPORTANT**

Addendum to On-site Wastewater Disposal System
Permit # \_\_\_\_\_

OWNER	AEROBIC TANK (MAKE/MODEL)
ADDRESS OF SYSTEM	DAILY WASTEWATER FLOW
CITY/ZIP	SERVICE COMPANY
OWNER TELEPHONE	ADDRESS OF SERVICE COMPANY
	CITY STATE ZIP
	SERVICE COMPANY TELEPHONE
disposal method is required to sul months and must maintain a cont	ater disposal system using surface application as a final effluent omit a copy of a Atesting and reporting@ document everyinuous service contract for the maintenance of the system.
<u> </u>	ne Texas Natural Resource Conservation Commission porting document must at a minimum include:
(	ALL ITEMS CHECKED APPLY)
	JAL IN PUMP TANK OR FECAL COLIFORM TEST LE (ONCE PER YEAR)
wastewater disposal permit. It is a	a timely manner may result in the suspension of your on-site a violation of Galveston County Health District A Construction Facilities® to occupy a structure without the owner of the astewater disposal permit.
These reports may be mailed dire	ctly to the Health District office at:
Galveston County Health District P. O. Box 939 La Marque, Texas 77568	
OWNER SIGNATURE	DATE