



# San Jacinto River Authority

Lake Conroe Division  
P.O. Box 329 · Conroe, Texas 77305  
(T) 936.588.1111 · (F) 936.588.1114

**SJRA USE ONLY**

License No: \_\_\_\_\_

Date Received: \_\_\_\_\_

TB Acct #: \_\_\_\_\_

## Contract for Maintenance by Homeowner

During the service period specified, make one test and reporting inspection every four (4) month's on the OSSF system at the name and address below:

Permit Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Site Address: \_\_\_\_\_

Effective from Date: \_\_\_\_\_ Effective to Date: \_\_\_\_\_

Obtained required certification and/or license from: \_\_\_\_\_

License Expiration date (if applicable): \_\_\_\_\_

\*Must provide SRJA with the Certificate or License showing where a class was taken and that the homeowner is certified to maintain an On-Site Sewage Facility.

This is to certify that I, the owner of a residence located at the above site address have a current maintenance contract agreement with San Jacinto River Authority which is the Authorized Agent for 2075' boundary around Lake Conroe. I understand that I am choosing to perform my own inspection and reporting for my on-site sewage facility. By submitting this contract, I am indicating to the Authorized Agent that I will conduct the required maintenance for my on-site sewage facility and provide the required documentation.

I further understand that inspection and reporting at a minimum must meet all requirements set forth by the On-site Sewage Facility Order of San Jacinto River Authority. Any additional repairs, inspections or service on my aerobic treatment on-site sewage facility will require a report submitted to the Authorized Agent.

Failing to submit the required testing and timely reporting of results or falsifying the required documents or having confirmed nuisance complaints may void this contract. If this occurs, I may be required to contract with a licensed maintenance provider.

I further understand that a fee may be assessed for this contract and each inspection report covered with in the effective year.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OSSF Program Administrator: \_\_\_\_\_ Date: \_\_\_\_\_