



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: _____

G&A DIVISION
P.O. Box 329
Conroe, Texas 77305
(T) 936.588.3111
(F) 936.588.3043

GRP DIVISION
P.O. Box 329
Conroe, Texas 77305
(T) 936.588.1662
(F) 936.588.7182

WOODLANDS DIVISION
P.O. Box 7537
The Woodlands, Texas 77387
(T) 281.367.9511
(F) 281.362.4385

HIGHLANDS DIVISION
P.O. Box 861
Highlands, Texas 77562
(T) 281.843.3300
(F) 281.426.2877