

**Chambers County Environmental Health & Permitting**

**AFFIDAVIT TO THE PUBLIC  
COMMERCIAL/NON-RESIDENTIAL**

**THE COUNTY OF**     **CHAMBERS**      
**STATE OF TEXAS**

Before me, the undersigned authority, on this day personally appeared

\_\_\_\_\_ **PRINTED NAME OF OWNER/REPRESENTATIVE**    **CURRENT MAILING ADDRESS**  
\_\_\_\_\_

Who, after being by me duly sworn, upon oath states that he/she is the owner of record of that certain tract of parcel of land lying and being situated in Chambers County, Texas and being more particularly described as follows:

**Legal description of property:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned further states that an on-site sewage facility (OSSF) will be installed in accordance with the permitting provisions of Chambers County. The undersigned has entered into a maintenance agreement, as required by 30 Texas Administrative Code (TAC) §285.7, with an approved maintenance company for services and repairs to the OSSF.

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved provider and/or maintenance company, and a signed maintenance contract must be submitted to Chambers County Environmental Health within 30 days after the property has transferred. Furthermore, the undersigned states that he/she will, upon any sale or transfer of the above-described property, request a transfer of the permit to operate such OSSF to the buyer or transferee. For information concerning the rules or regulations of an OSSF, please contact the Texas Commission on Environmental Quality Region 12, 5425 Polk Ave, Ste. H, Houston, TX 77023-1486.

**WITNESS MY HAND** on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_ **SIGNATURE OF OWNER/REPRESENTATIVE**

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\_\_\_\_\_ **PRINTED NAME OF OWNER/REPRESENTATIVE**

\_\_\_\_\_ **PRINTED NAME OF OWNER/ REPRESENTATIVE**

**SWORN TO AND SUBSCRIBED BEFORE ME** on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_ **NOTARY PUBLIC, STATE OF TEXAS**

Notary's Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_