



REFUGIO COUNTY JUDGE'S OFFICE

September 24, 2015

Robert Blaschke
County Judge

Refugio County Residents
Homeowners w/ On-Site Sewage Facility (OSSF)
Aerobic Septic System Operation

Letitia Wright
Administrative
Assistant

IMPORTANT NOTICE - COMPLIANCE REQUIREMENTS

RE: Maintenance, Testing and Inspection for Aerobic Septic Systems in Refugio County

To the homeowners of Aerobic Septic Systems: HOMEOWNERS will have a **MAINTENANCE CONTRACT** or **MAINTAIN THEIR OWN** Aerobic system following the guidelines passed by the Commissioners' Court of Refugio County. All Commercial, Speculative residential (rental) or multi-family property Aerobic systems will have a Maintenance Contract Per 30 TAC §285.7(d)(4)(B)

The Refugio County Commissioners' Court has accepted the State of Texas standards to allow homeowners in Refugio County to maintain their own aerobic septic system after the initial two years maintenance provided by the installer. All aerobic systems must have constant maintenance inspections, either by the homeowner or by a maintenance provider. The following are guidelines that will be followed in order for a homeowner to maintain their aerobic treatment system.

Mailing Address:
808 Commerce, Room 104
Refugio, Texas 78377

Office Telephone:
(361) 526-4434
(361) 526-4433


Office Fax:
(361) 526-5100

1. The homeowner will have a certificate of maintenance training prior to performing their own maintenance inspections. If the homeowner hires an OSSF maintenance provider to conduct the required inspections, then the name of the maintenance contractor will be provided to the County Judge's Office.
2. Three inspections will be performed annually (one every four months) and reported on the Refugio County Aerobic Septic System Inspection Report form. The form can be obtained in the County Judge's Office or on the County web site at www.co.refugio.tx.us under "Useful Links" page.
3. During an inspection, any component found not functioning will be repaired or replaced and reported on the inspection form.
4. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and odor will be completed at each inspection.
5. A test for chlorine residual and pH will be taken and reported. Maintaining the chlorine tablets and/or liquid chlorine is the homeowner's responsibility.
6. Following each inspection, reporting forms will be mailed to: Refugio County Environmental Department, 808 Commerce, Room 104, Refugio, Texas 78377, Fax: 361-526-5100, or email: letitia.wright@co.refugio.tx.us.

FAILURE to PERFORM MAINTENANCE: Is in Violation of 30 TAC §285.7 (e) and 30 TAC §285.64(a)(5). The Maintenance Provider or Homeowner is responsible for fulfilling the required maintenance.

ENFORCEMENT ACTION of NON-COMPLIANCE: TWC 7.173(a), (b) A violation of 30 TAC §285 is a class C Misdemeanor punishable by a fine of not more than \$500. For repeat offenses the fine could be up to \$500.00 per day.

Sincerely,

A handwritten signature in cursive script that reads "Robert Blaschke".

Robert Blaschke
Refugio County Judge

Enclosure

**AEROBIC SEPTIC SYSTEM INSPECTION REPORT
COUNTY OF REFUGIO**

Please submit inspection reports every four months to: Refugio County Environmental Department, 808 Commerce Room 104 or by fax to 361-526-5100 or by E-mail to: letitia.wright@co.refugio.tx.us Questions should be directed to 361-526-4434.

Date of Inspection: _____ Permit Number: _____
Site Address: _____ Mailing Address _____
 Name: _____ Name: _____
 Address: _____ Address: _____
 E-mail address (Required): _____

<u>Inspected Items:</u>	<u>Acceptable</u>	<u>Unacceptable</u>	<u>Comments</u>
Aerator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Effluent	<input type="checkbox"/>	<input type="checkbox"/>	_____
Turbidity	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scum Overflow	<input type="checkbox"/>	<input type="checkbox"/>	_____
Odor Present	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air Filter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Effluent Pump	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sprinkler Operation	<input type="checkbox"/>	<input type="checkbox"/>	_____
All Covers in Place	<input type="checkbox"/>	<input type="checkbox"/>	_____

Note: At each inspection air filter must be cleaned and operation of the effluent disposal system must be made, including chlorine residual test, effluent pump operation and sprinkler operation.

Repairs to Systems: _____

Test required and results:

<u>Test</u>	<u>Required</u>	<u>Results</u>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Fecal Coliform	<input type="checkbox"/>	_____	_____
Chlorine Residual	<input type="checkbox"/>	_____	_____

Comments: _____

Signature of Inspector: _____ Date: _____

Printed Name of Inspector: _____