AFFIDAVIT TO THE PUBLIC

THE COUNTY OF ARANSAS

STATE OF TEXAS

Certification of OSSF Requiring Maintenance

I.

According the Texas Commission of Environmental Quality Rules for On-Site Sewage Facilities, this document is to be filed in the Deed Records of Aransas County, Texas.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission of Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC) 5.012 and 5.013 gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The TCEQ under the authority of the TWC and the Texas Health and Safety Code requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ that the appropriate OSSF was installed.

II

| An OSSF requiring a maintenance property described as | contract, according to 30 Tex | as Administrative Code 285 | 5.9 l(12) will be installed on the |
|---|-------------------------------|----------------------------|---|
| Block: Lot: Unit: | Subdivision: | | |
| Address of property: | | System permitted for | gallons of water usage per day. |
| This OSSF must be covered by a comaintenance on this OSSF, and a sign Department within 30 days after the p | ed maintenance contract mus | | |
| The owner will upon any sale or tra or new owner. A copy of the planning Department. | | | of the permit for the OSSF to the buyer as County Environmental Health |
| WITNESS BY HAND(S) ON THIS | DAY OF | <u> </u> | |
| Print Owner's Name | Print Owner's Na | nme | |
| Owner's Signature | Owner's Signature | | |
| SWORN TO AND SUBSCRIBED E | BEFORE ME ON THIS | DAY OF, | <u></u> . |
| | | Notary Public, State of Te | exas |
| | | Notary's Printed Name: | |

My Commission Expires: