



WASTE WATER, INC.

PO Box 1139, Kingsland, Texas 78639

Phone: (325) 388-4332 or 4044

Fax: (325) 388-3698

www.centexww.com

SEPTIC SYSTEM INFORMATION SHEET

DATE: _____ TYPE OF INSPECTION: LCRA APP.#: _____ OR COUNTY

YEAR SYSTEM INSTALLED: _____ REALTOR COMPANY.: _____ AGENT: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____ SUBDIV.: _____

STREET ADDRESS: _____ LOCATION-SECTION: _____ BLOCK: _____ LOT(S): _____

PROPERTY OWNER'S NAME: _____ MAILING ADDRESS: _____

PHONE: _____ CLOSING DATE: _____

TITLE CO./CLOSER _____ PHONE NUMBER/FAX _____

OF BEDROOMS: _____ # OF BATHROOMS: _____ LCRA INSP. FEE PAID? ___ YES ___ NO DATE PAID: _____

LCRA MAY REQUIRE ANY NUMBER OF THE FOLLOWING TO COMPLETE A SALE INSPECTION. PLEASE INDICATE THE REQUIRED STEPS YOU WOULD LIKE FOR US TO HANDLE:

_____ EVERYTHING REQUIRED TO MEET APPROVAL

_____ INSTALL LOW-FLOW (1.5 GAL) TOILETS

_____ PERFORM 3-DAY WATER LOAD TEST

_____ EXPOSE TANK(S): INLET AND OUTLET

_____ PUMP TANKS IF NECESSARY

DIRECTIONS TO PROPERTY TO BE INSPECTED: _____

Undersigned agrees to remit FULL balance within 10 days of completion of work. If payment is not received within the specified time, a property lien may be placed at the above sale inspection address until payment is made in full. Any alteration or deviation from the above requests involving extra service and/or extra equipment will only be executed upon written orders for same, and will become an extra charge added to the invoice of this contract. All requests/agreements must be made in writing. CEN-TEX is hereby authorized to furnish all materials and labor required to complete the work requested above, for which the undersigned agrees to pay the amount invoiced, and according to the terms thereof.

DATE _____ OWNER/AGENT SIGNATURE _____

NOTE: PLEASE REQUEST SALE INSPECTIONS AT LEAST (1) ONE WEEK PRIOR TO CLOSING. WE WILL PLACE THE SALE INSPECTION ON OUR SCHEDULE ONCE WE HAVE RECEIVED THIS COMPLETED FORM AND THE LCRA CHECKLIST. FAXED COPIES ARE ACCEPTABLE. PLEASE INCLUDE ANY AVAILABLE SYSTEM DIAGRAMS AS WELL. THANK YOU!

OFFICE USE ONLY!

DESCRIPTION:	CHARGE:	LCRA CALL-IN INFORMATION:
SALE INSPECTION		NAME: _____ PHONE: 325-388-4332
		APPLICATION#: _____
		PROPERTY OWNER: _____
		SUBDIVISION: _____
		STREET ADDRESS: _____
		TYPE OF INSPECTION: _____
TOTAL:		PRESENT FOR INSPECTION: (Y) N
INV. # _____	DATE: _____	DATE CALLED IN: _____ BY: _____