

**ALL PERMIT FEES ARE
NON-REFUNDABLE
ONE PERMIT PER SYSTEM**

On-Site Sewage Facilities Permit Application

Permit Number _____	
Date _____	
Amount Paid _____	Receipt # _____

Authorized Agent: _____

Property Owners Name: _____
(Last) (First) (Middle) (Spouse/Other)

Mailing Address: _____
(# & Street Name (or) P.O. Box # & Route # & Box #) (City) (Zip)

Telephone Number: _____
(Home) and (Work) and/or Email (Other)

Site Address: _____
(Address Required) (# & Street Name (or) P.O. Box # & Route # & Box #) (City) (Zip)

Lot _____, Block _____, Subdivision _____, Unit # _____

Acreage _____, Survey Name _____, Abstract _____, Deed Volume _____, Page _____

Tract _____, Section _____, GEO Number: _____

Water Usage Rate "Q"(gallons per day): _____ Water saving devices: Yes No

Source of Water: Private Well Public Water Supply – Name: _____

Single Family Residence: Number of Bedrooms _____ Square Footage Living Area _____

Commercial/Institutional/Multi-Family: Type: _____

Name of Business: _____

No. of Employees/Occupants/Units: _____ Days Occupied Per Week: _____

Site Evaluator: _____ Registration Number & Type: _____

Designer: _____ Registration Number & Type: _____

Address: _____ Telephone: _____

Installer: _____ Registration Number & Type: _____

Address: _____ Telephone: _____

(Street, P.O. Box, or Route/City/Zip)

I hereby certify that under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that the information is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation or falsification may result in denial of my application. Authorization is hereby granted for the Permitting Authority to enter the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and related activities. A permit to operate the facility will be granted following a successful inspection of the system.

(Signature of Owner)

(Date)

(ATC) AUTHORIZATION TO CONSTRUCT GRANTED BY: _____

LICENSE NO.: _____ DATE: _____

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (ATC) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS "**AUTHORIZATION TO CONSTRUCT**", BASED ON PLANNING MATERIALS RECEIVED BY THIS DATE.

(AO) INSPECTED AND APPROVAL TO OPERATE GRANTED BY: _____

LICENSE NO.: _____ DATE: _____

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (AO) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS "**NOTICE OF APPROVAL TO OPERATE**", BASED ON FINAL SYSTEM INSPECTION, TO INCLUDE ANY APPROVED CHANGES OR MODIFICATIONS MADE AFTER RELEASE OF AUTHORIZATION TO CONSTRUCT.

**SUPPLEMENTAL INFORMATION
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL

ALL BLANKS MUST BE COMPLETED (USE N/A IF NOT APPLICABLE)

PROPERTY OWNERS'S NAME: _____

Professional Design Required: Yes No If Yes, Is Professional Design Attached: Yes No

I. Sewer (House Drain):

Type and Size of Pipe: _____ Slope of Sewer Pipe to Tank: _____
(1/8 Inch Per Foot Minimum)

II. Treatment/Pump Tank Unit (s):

Septic Tank (Two Compartments) Septic Tank (Series) Aerobic Unit
Pretreatment Tank Pump Tank

A. Pretreatment Tank Size (Gallons): _____ Shape/Material: _____

Manufacturer: _____

B. Secondary Treatment Unit Size (Gallons): _____ Model: _____

Manufacturer: _____

C. Pump Tank Size (Gallons) _____ Shape/Material: _____

Manufacture: _____

Commercial Timer Required: Yes No

D. Septic Tank Size (Gallons): _____ Shape/Material: _____

Liquid Depth (Tank Bottom to Outlet): _____ Manufacturer: _____

If Tanks in Series: Septic Tank #2 Size (Gallons) _____ Shape/Material: _____

Liquid Depth (Tank Bottom to Outlet): _____ Manufacturer: _____

E. Other (List): _____

III. Disposal System:

Type: Conventional Surface LPD Drip Product Manufacture: _____

Pipe Size/Length: _____ Other: _____

Area Required: _____ Area Proposed: _____

DESIGNER'S SIGNATURE

REGISTRATION NO.

DATE

NOTE: This Form is Provided as a Supplemental Form and is not needed if all the information above is listed in the Planning Materials. This Form may be requested by the Permitting Authority.

OSSF Soil & Site Evaluation

Page 1 (Soil & Site Evaluation)

Date Performed: ____/____/____

Property Owner: _____

Site Location: _____ Proposed Excavation Depth: _____

REQUIREMENTS:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil borings or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed disposal field excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on this form. Indicate depths where features appear.

Soil Boring Number: _____					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

Soil Boring Number: _____					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

FEATURES OF SITE AREA

- Presence of 100 year flood zone Yes No
- Presence of upper water shed Yes No
- Presence of adjacent ponds, streams, water impoundments Yes No
- Existing or proposed water well in nearby area (within 150 feet) Yes No
- Ground Slope _____ %

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

(Signature of person performing evaluation)

(Date)

Registration Number and Type

Page 2 (Soil & Site Evaluation):

Date Performed: ____/____/____

Site Location: _____ Subsurface Disposal Surface Disposal

Schematic of Lot or Tract

Show:

Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and any other structures where known.

Location of existing or proposed water wells within 150 feet of the property.

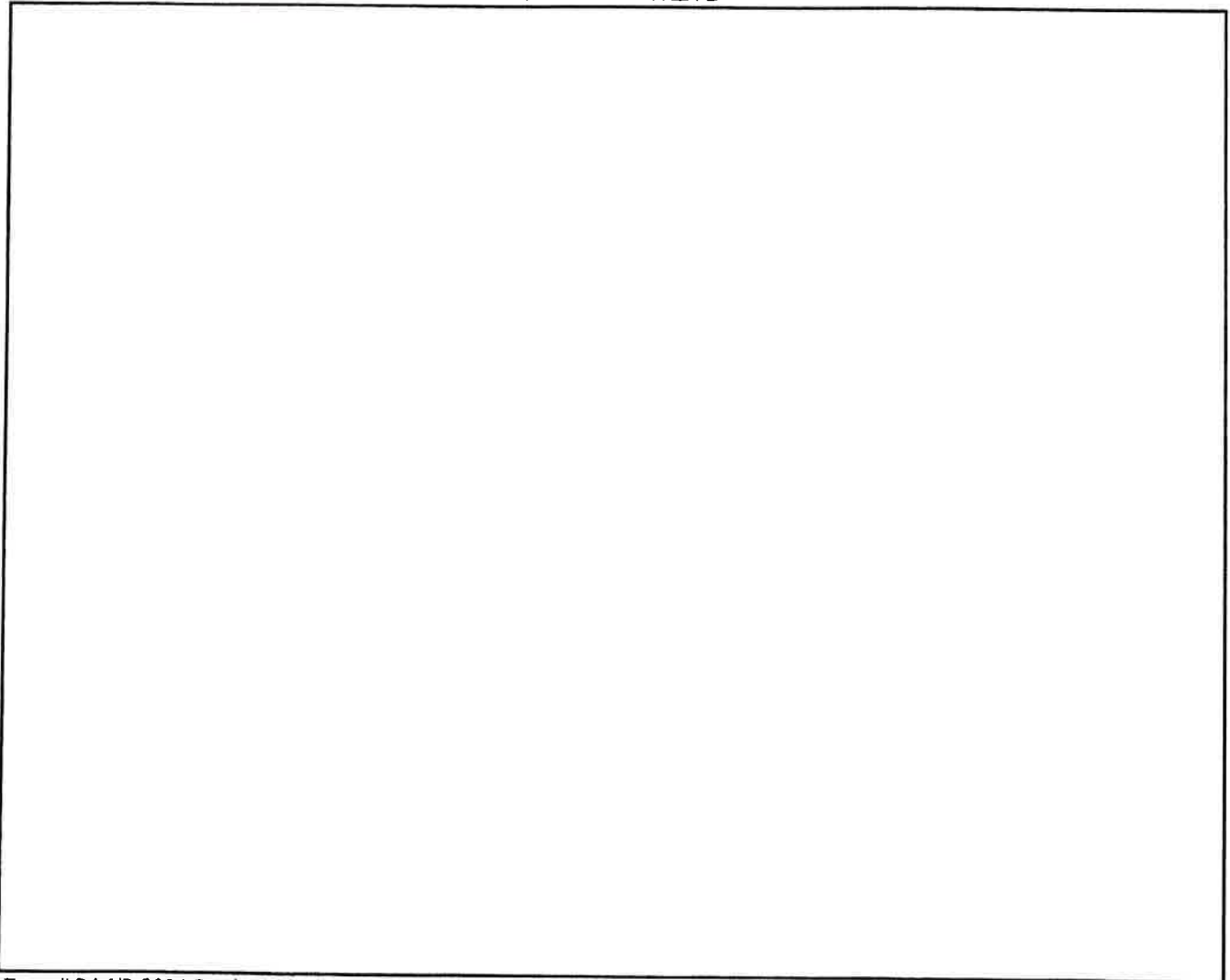
Indicate slope or provide contour lines from the structure to the farthest location of the proposed disposal field.

Location of soil boring or excavation pits (show location with respect to a known reference point).

Location of natural, constructed, or proposed drainage ways (ditches, streams, ponds, lakes, rivers, etc.), water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size: _____ or Acreage: _____

SITE DRAWING



System Calculations

**AEROBIC WASTEWATER TREATMENT SYSTEM WITH SPRAY IRRIGATION
FOR FINAL DISPOSAL**

Date: _____

Name: _____

Address: _____ Phone: _____

Location: _____ County: _____

Generating Unit

_____ Water Saving Devices: ____yes; ____no

Average Daily Flow

Total: _____ gal/day

Spray Area

Application rate: _____ gal/sq. ft.

Spray area required = _____ gal/day / _____ gal/sq. ft. = _____ sq. ft.

Spray area installed = _____ sq. ft.

Calculations:

Components of System

Tanks: Pretreat _____ gal Material _____
Aerobic _____ gal Material _____ Brand/ Model _____
Pump _____ gal Material _____

Chlorinator

Air Pump

½ hp submersible pump

Sprinklers

Audible & Visual Alarm

Sampling Port

Separate circuit breaker for pumps and alarms

Other:

Dosing Specifications

Gallons/dosing cycle: _____

Number of dosing cycles: _____

Time of dosing cycles: _____

Spray Area

Slope: _____ %

Vegetation: _____

Comments:

On-Site Sewage Facility Maintenance Initial Warranty Contract

Installation Location: _____
System Owner: _____ Installation Co: _____
Permitting Authority: _____
Name / Address of Maintenance Co: _____
Maintenance Co. Phone Number: _____
Installation Date: _____
Brand Name: _____ Model Number: _____ Serial Number: _____
Other System Information: _____

INITIAL POLICY

This policy is included in the original purchase price and shall provide an Inspection / Service Call once every four (4) months for a two (2) year period from the date that a final permit is issued by the permitting authority. If no chlorine is found in the chlorinator, chlorine shall be added to obtain a residual at owner's expense. If an improper operation is observed which cannot be corrected at that time, the user shall be notified immediately in writing of the conditions and the estimated date of correction and cost, if applicable. The following items shall be checked at time of each site visit (if applicable):

- 1) Aerator/s
- 2) Surface application and or disposal field pumps
- 3) Recirculation pumps
- 4) Disinfection device
- 5) Chlorine Residual measurement
- 6) Electrical circuits
- 7) Distribution system
- 8) Filters
- 9) Spray field or disposal field vegetation
- 10) Settled sludge depth in the pretreatment and aerobic tanks

Any call or request for service outside the routine service provided under this contract will be responded to within _____ hours and if the problem encountered is not covered under warranty of product or workmanship, there will be a service charge of \$ _____ per hour with a minimum of _____ hours per call. All additional charges shall be authorized by the owner.

VIOLATIONS OF WARRANTY including shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, of introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse may void warranty of system components.

Chlorine supply for the chlorinator is to be maintained by _____
Homeowner has received and agrees to "Operation Tips". _____ (Intl.)

THIS POLICY DOES NOT INCLUDE PUMPING SLUDGE FROM UNIT IF NECESSARY

I agree to abide by the service policy as stated above:

Service Company Employee Certified by Manufacturer: _____
License Type and License No.: _____

Accepted by: _____ (Owner) Date: _____

Accepted by: _____ (Service Company Representative) Date: _____

AFFIDAVIT

THE COUNTY OF _____

STATE OF TEXAS

CERTIFICATION OF ON-SITE SEWAGE FACILITIES REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Official Public records of _____ County, Texas.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on 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 an Official Public Record recording. Additionally, the owner must provide proof of the recording to the local OSSF permitting authority. This document is not a representation or warranty by the TCEQ or the local permitting authority of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ or the local permitting authority that the appropriate OSSF was installed.

Before me, the undersigned authority, on this day personally appeared (land owner's printed name):

_____ who after being by me duly sworn, upon oath states that he/she is the owner/owner's agent of record of that certain tract, lot, or parcel of land lying and being situated in _____ County Texas, and being more particularly described as follows:

Lot _____, Block _____, Subdivision _____, Unit # _____

Acreage _____, Survey Name _____ Abstract # _____, Deed Volume _____, Page _____

Tract _____, Section _____, GEO # _____

911 Address _____

OR ATTACH: A COPY OF WARRANTY DEED /W METES AND BOUNDS PROPERTY DESCRIPTION

An OSSF requiring inspections and maintenance according to 30 Texas Administrative Code 285.91(12) is proposed to be installed on this property. This OSSF must be inspected once every _____ months. Inspection and maintenance on this OSSF must be done in accordance with THSC 366.0515 and TAC 285. At least thirty days before an existing inspection contract expires, the property owner must submit a renewal contract (or equivalent compliance documentation per TAC 285) to the local permitting authority. The owner will, upon sale or transfer of the above described property, request a transfer of the permit for the OSSF to the buyer or new owner and a new, signed maintenance contract (or equivalent compliance documentation per TAC 285) must be submitted to the permitting authority within 30 days after the property has been transferred. Neither the maintenance company nor the owner may alter the OSSF in any way without prior approval of the permitting authority.

WITNESS MY HAND ON THIS THE _____ DAY OF _____, 20 _____

(Owner's Signature[s])

SWORN TO AND SUBSCRIBED BEFORE ME on this the _____ day of _____, 20 _____

by _____
(Owner's Printed Name)

(Notary Public, State of Texas)

Notary's Printed Name

My Commission Expires: _____

(Seal)

COPY OF WARRANTY DEED REQUIRED

COPY OF WARRANTY DEED REQUIRED