

**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 (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 OWNER'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:**

Septic Tank (two compartments)       Septic Tank (series)       Aerobic Unit  
 Pretreatment Tank       Pump Tank

**A. Pretreatment Tank Gallons/Size:** \_\_\_\_\_

Manufacturer: \_\_\_\_\_      Material/Shape: \_\_\_\_\_

**B. Secondary Treatment Unit Gallons/Size:** \_\_\_\_\_

Manufacturer: \_\_\_\_\_      Model: \_\_\_\_\_

**C. Pump Tank Gallons/Size:** \_\_\_\_\_

Manufacturer: \_\_\_\_\_      Material/Shape: \_\_\_\_\_

Commercial timer required:  Yes  No

**D. Septic Tank Gallons/Size:** \_\_\_\_\_      Material/Shape: \_\_\_\_\_

Liquid Depth (tank bottom to outlet): \_\_\_\_\_      Manufacturer: \_\_\_\_\_

If Series Tanks:

Septic Tank(2)      Size: \_\_\_\_\_      Material/Shape: \_\_\_\_\_

Liquid Depth (tank bottom to outlet): \_\_\_\_\_      Manufacturer: \_\_\_\_\_

**E. OTHER (List):** \_\_\_\_\_

**III. DISPOSAL SYSTEM:**

Type: \_\_\_\_\_      Manufacturer: \_\_\_\_\_

Pipe Sizes/Amounts: \_\_\_\_\_

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.**

# 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 THE SYSTEM

Tanks: Pretreat \_\_\_\_\_ gal      Material \_\_\_\_\_  
Aerobic \_\_\_\_\_ gal      Material \_\_\_\_\_ Brand/Model \_\_\_\_\_  
Pump \_\_\_\_\_ gal      Material \_\_\_\_\_

Chlorinator – 4" pvc stackable

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 \_\_\_\_\_

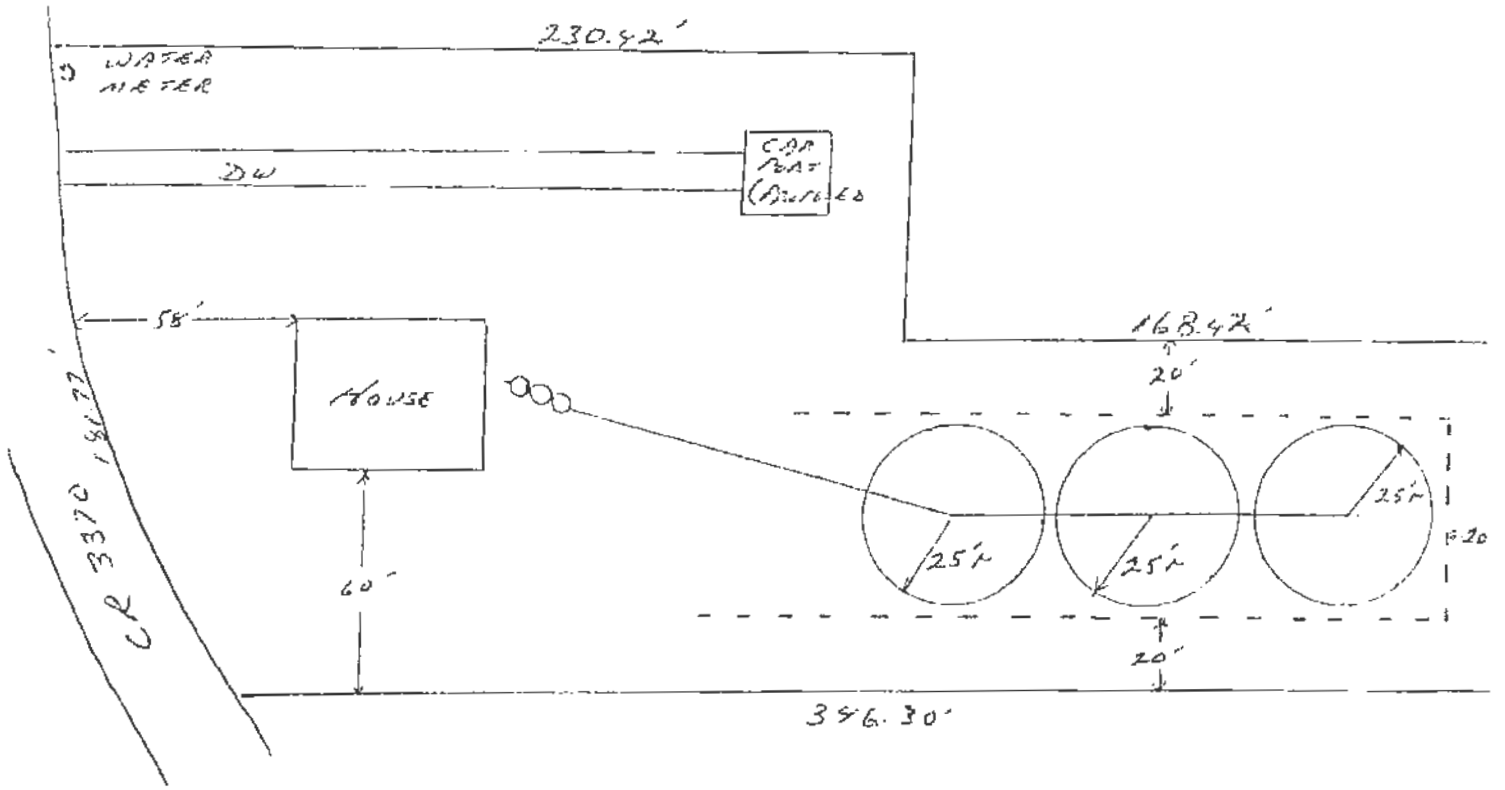
Time of dosing cycles \_\_\_\_\_

## SPRAY AREA

Slope \_\_\_\_\_%

Vegetation \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_



SCALE:  $1'' = 50'$

EXAMPLE OF SCALED DRAWING

## 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.

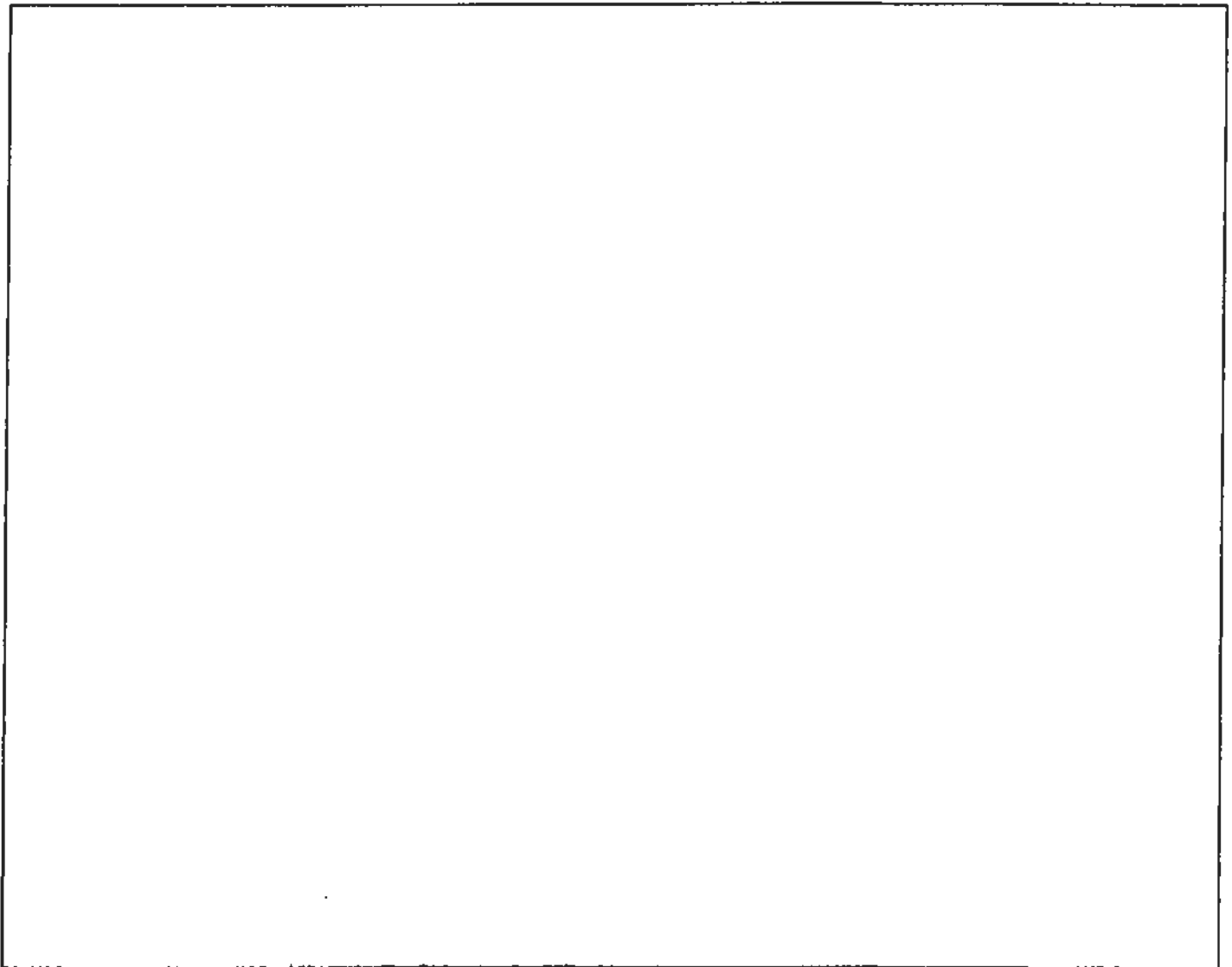
Indicate slope or provide contour lines from the structure to the farthest location of the proposed disposal field.

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**



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.

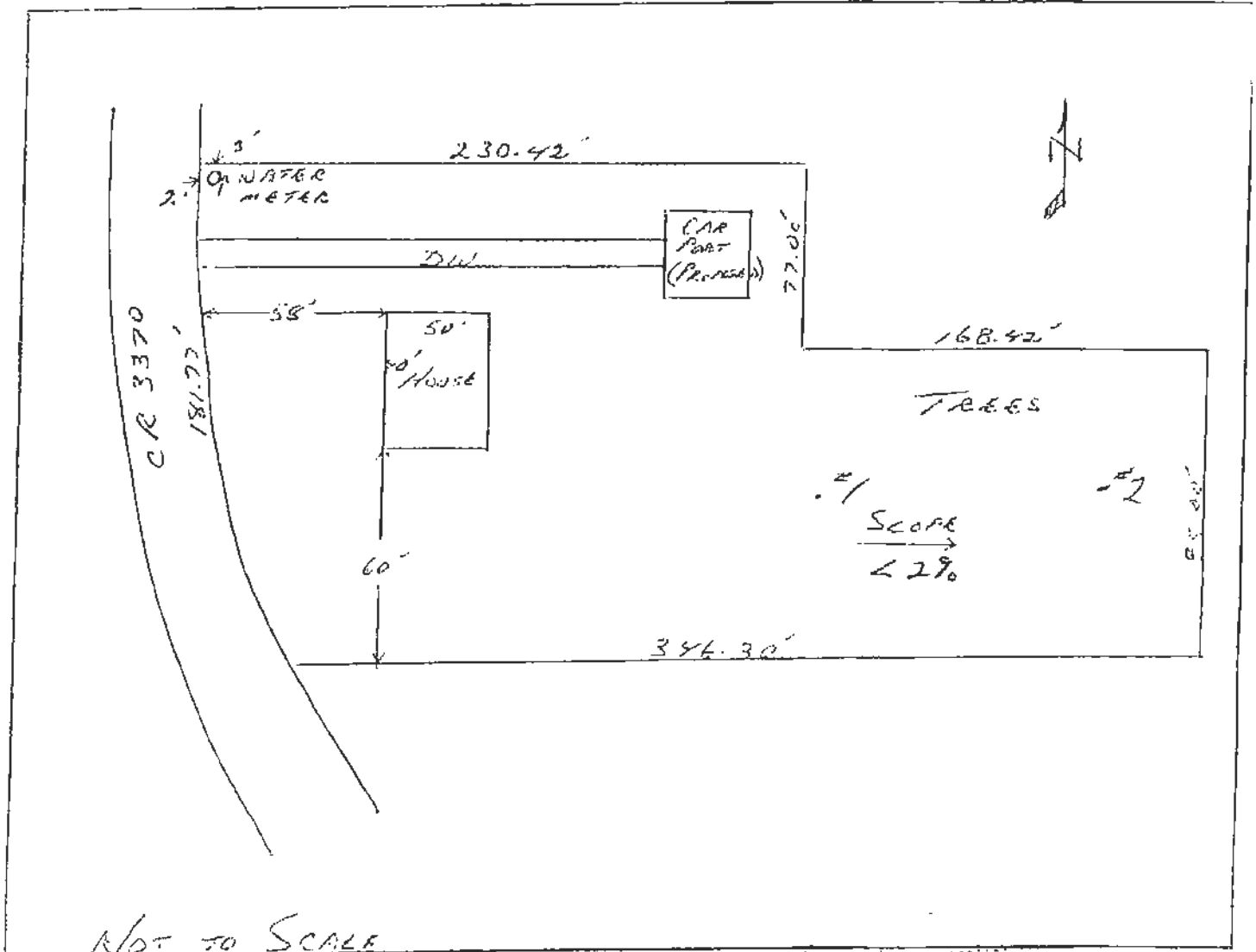
Indicate slope or provide contour lines from the structure to the farthest location of the proposed disposal field.

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



Form # PA 4/2-2004-Revised-Final

## EXAMPLE OF SITE DRAWING



## 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". \_\_\_\_\_ (Incl.)

**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 OSSF REQUIRING MAINTENANCE**

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

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission 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 commission, 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 commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission or the Permitting Authority of the suitability of this OSSF, nor does it constitute any guarantee by the commission or the Permitting Authority that the appropriate OSSF was installed.

II.

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property described as the following:

Lot \_\_\_\_\_, Block \_\_\_\_\_, Subdivision \_\_\_\_\_, Unit # \_\_\_\_\_  
Acreage \_\_\_\_\_, Survey Name \_\_\_\_\_, Abstract \_\_\_\_\_, Deed Volume \_\_\_\_\_, Page \_\_\_\_\_  
Tract \_\_\_\_\_, Section \_\_\_\_\_, GEO Number: \_\_\_\_\_

The property is owned by (insert owner's full name): \_\_\_\_\_

This OSSF shall be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF may be obtained from the Permitting Authority.

WITNESS BY HAND(S) ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

\_\_\_\_\_  
(Owner signature(s)) (Owner(s)signature(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas  
Notary's Printed Name  
My Commission Expires:  
**NOTARY SEAL BELOW**

**COPY OF WARRANTY DEED REQUIRED**

**COPY OF WARRANTY DEED REQUIRED**