



**APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION**

**TCEQ REGION NUMBER: 5
COUNTY OF INSTALLATION: ANDERSON**

TCEQ USE ONLY
APPLICATION NO. _____
DATE RECEIVED _____
AMOUNT _____

1. PROPERTY OWNER'S NAME: _____
(Last) (First) (Middle)

2. CURRENT MAILING ADDRESS: _____

3. HOME PHONE No.: _____ OTHER No.: _____

4. 911 SITE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Please attach verification of legal description such as a copy of: deed, plat map, survey or other documentation containing legal description

5. SUBDIVISION NAME (if applicable): _____ BLOCK _____ LOT _____

6. ACREAGE: _____ SURVEY: _____

7. WATER CONSUMPTION (gallons per day): _____ ACTUAL _____ ESTIMATED _____ WATER SAVING DEVICES YES NO

8. DIRECTIONS TO SITE: _____

9. SOURCE OF WATER: PRIVATE WELL PUBLIC WATER SUPPLY NAME: _____

10. SINGLE FAMILY RESIDENCE

NO. BEDROOMS: _____ LIVING AREA: (SQ.FT.) _____

11. COMMERCIAL/INSTITUTIONAL/MULTI-FAMILY TYPE: _____

NAME OF BUSINESS: _____

RESPONSIBLE OFFICIAL: _____ NO. OF EMPLOYEES/UNITS: _____

12. SITE EVALUATOR: _____ LICENSE NO./TYPE: _____

PHONE NO.: _____ EMAIL: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

13. INSTALLER: _____ LICENSE NO./TYPE: _____

PHONE NO.: _____ EMAIL: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Texas Commission on Environmental Quality to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

SIGNATURE OF OWNER: _____ **DATE:** _____

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

SIGNATURE OF INSTALLER OR DESIGNER: _____ **DATE:** _____

(ATC) AUTHORIZATION TO CONSTRUCT GRANTED BY: _____

LICENSE NUMBER: _____ 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 MATERIAL'S RECEIVED BY THIS DATE.

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

LICENSE NUMBER: _____ 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.

*****DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.*****

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at your local regional office or at 512-239-3799. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512-239-3282.

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

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

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 U1e 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.					
2FT.					
3FT.					
4FT.					
5FT.					

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

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

**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:

D 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.

PA6/2-2004-Revised-Final

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



AFFIDAVIT TO THE PUBLIC

THE COUNTY OF _____
STATE OF TEXAS _____

According to Texas Commission on Environmental Quality (TCEQ) Rules for On-Site Sewage Facilities (OSSFs), this document is filed in the Deed Records of _____ County, Texas.

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 of the suitability of this OSSF, nor does it constitute any guarantee by the commission 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 (insert legal description): _____

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 TCEQ.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, _____

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:

***TWO YEAR INITIAL SERVICE POLICY FOR AN
ON-SITE SEWAGE FACILITY TREATMENT SYSTEM***

Property Owner: _____ Permit#: _____
(Print)

Site Address: _____

I, _____ agree to provide an *initial **TWO-YEAR*** service contract to the above named property owner as a part of the On-Site Sewage Facility original installation price. This contract shall provide the following:

1. An inspection/service call, at **LEAST ONCE EVERY FOUR (4) MONTHS**, which will include the inspection, adjustment and servicing of all mechanical and electrical component parts, filters, chlorinator, distribution system and spray application field, to insure their proper operation.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum and overflow, an examination for odors and **A CHLORINE RESIDUAL TEST**.
3. _____ is responsible for keeping the proper type chlorine in the chlorinator at all times.
(Print)
4. Problem/complaint calls from the property owner shall be responded to within ____ hours of notification to this maintenance company.
5. The **CERTIFIED REPRESENTATIVE** for servicing, testing and reporting on this system is:

(Print name and address)

(Certification #)

THE PROPERTY OWNER IS RESPONSIBLE FOR HAVING A MAINTENANCE CONTRACT IN EFFECT AT ALL TIMES.

At the end of this initial two-year contract, a continuing service contract, with terms comparable to this initial contract, may be purchased from any certified person/company.

This warranty/service contract does not cover the cost of service calls, labor or materials which are required due to **"misuse or abuse"** of the system, failure to maintain electrical power to the system, sewage flows exceeding the estimated hydraulic load or organic design capability, the disposal of non-biodegradable materials, chemicals, solvents, grease, oil, paint, etc., or of any usage contrary to the requirements listed in the owner's manual or as advised by the authorized service representative.

Additional services, replacement of out-of-warranty parts, waste removal from the system **"wasting or tank pumping"** and other services offered by the installer/representative can be performed for an additional charge by written request.

Property Owner _____
(Signature)

Date

Installer/Service Representative _____
(Signature) (Certification#)

Date of Approval _____

Date Contract Expires _____