## FREESTONE COUNTY ON-SITE SEWAGE FACILITIES PROGRAM

Revised October 2013

The Texas Commission for Environmental Quality has approved Freestone County to become an Authorized Agent for the implementation of an On-Site Sewage Facility (OSSF) and waste control program.

The following information outlines the procedure for applying for an On-Site Sewage Facility in Freestone County.

- 1. Complete the attached Application Form. a.) A 911 address and property description is required.
- 2. An original copy of the site evaluation and soil analysis performed by a Registered Site Evaluator or Professional Engineer must be submitted along with an original septic system design performed by a Certified Installer II, Registered Sanitarian, or a Professional Engineer.
- 3. All permits must be submitted to the Freestone County Treasurer's Office, Room 102 in the Freestone County Courthouse
- 4. The County's Application Fee for the Design Review, Construction Permit and Inspection is as follows: single family residential \$210.00; commercial and other types \$410.00. This fee is payable to **Freestone County** at the time of application. Credit cards will not be accepted. Cash, Checks or money orders are acceptable methods of payment. Please note that the permit fee is non-refundable once the system review has been completed. If a septic system fails the first inspection, the fee for re-inspection is ½ of the original application fee. This fee must be paid prior to each of the required follow up inspections to be performed.
- 5. The County has up to 5 working days from the date of application to approve or deny an OSSF permit. If the system is denied, a letter will be mailed to the property owner explaining why the system was denied. The property owner will have up to one (1) year from the date of application to have the design corrected and resubmitted for review.
- 6. When the application is approved, an Authorization to Construct Permit will be issued. The permit is valid for one (1) year from the date of authorization. If the system is not installed within the one (1) year period, the owner will be required to reapply for a new permit and pay a new fee.
- 7. The installer will contact the county inspector to set up a date and time for the final inspection. At the final inspection, if the system meets all TCEQ and Freestone County requirements, a Notice of Approval will be issued and the septic system will be approved for use.

- 8. If you are applying for an Aerobic Treatment System or any other system that requires secondary treatment, an affidavit to the public must be filled out and filed with your property deed at the Freestone County Courthouse. A copy of the filed affidavit is required to be submitted with our design. Also, a maintenance contract is required to be attached to the application.
- 9. A fee of \$25.00 will be charged on all returned checks and the application will be held until the funds are received.
- 10. The fee for non-profit organizations will be waived.

If you have further questions please contact us at the following locations:

Freestone County Treasurer's Office 118 E. Commerce St. Room 102 (County Courthouse) Fairfield, Texas 75840 (903) 389-2180 (903) 389-5894 Fax

Freestone County Services – OSSF Freestone County Courthouse 118 E. Commerce, Rm. 105 Fairfield, TX 75840 (903)389-8884 (903)389-3839 Fax FREESTONE COUNTY SERVICES – OSSF Freestone County Courthouse 118 E. Commerce, Rm. 105 Fairfield, Texas 75840 903-389-8884 office 903-389-3839 fax

(SIGNATURE OF AUTHORIZED COUNTY REPRESENTATIVE)

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| \$   |
|      |

#### APPLICATION FOR ON-SITE SEWAGE FACILITIES

| (LAST)   (FIRST)   (MIDDLE)  | 1                               | PROPERTY OWNER'S NAME:   |   |   |  |  |
|--|---------------------------------|--|---|---|--|--|
| (STREET/PO BOX) (CITY/STATE) (ZIP)  3. TELEPHONE NO.:   HOME   WORK  4. 911 SITE ADDRESS:   (STREET) (CITY/STATE) (ZIP)  5. PROPERTY DESCRIPTION: SURVEY:   PRECINCT # (IF LESS THAN 1 ACRE) LOT/BLK/SEC/SUBDIVISION (IF APPLICABLE):   PUBLIC WATER SUPPLY (IF LESS THAN 1 ACRE) LOT/BLK/SEC/SUBDIVISION (IF APPLICABLE):   (NAME OF SUPPLIER)  6. SOURCE OF WATER:   PRIVATE WELL   PUBLIC WATER SUPPLY (NAME OF SUPPLIER)  7. SINGLE FAMILY RESIDENCE: NO. OF BEDROOMS   LIVING AREA (SQ FT)   DESIGNED MAXIMUM DAILY WATER CONSUMPTION (GPD):   DAYS OCCUPIED PER WEEK   DESIGNED MAXIMUM DAILY WATER CONSUMPTION (GPD):   YES   NO  10. SITE EVALUATOR:   YES   NO  10. SITE EVALUATOR:   PHONE NO.   PHONE NO.   LICENSE NO:   PHONE NO.   PHONE NO.   PHONE NO.   LICENSE NO:   PHONE NO.   PHONE N | 1.                              |  |   | (MIDDLE)  |  |  |
| 3. TELEPHONE NO.:  | 2.                              | PERMANENT MAILING ADDRESS:   |   |   |  |  |
| 4. 911 SITE ADDRESS:  (STREET) (CITY/STATE) (ZIP)  5. PROPERTY DESCRIPTION: SURVEY:  NUMBER OF ACRES:  SQUARE FOOTAGE OF PROPERTY  (IF LESS THAN 1 ACRE)  LOT/BLK/SEC/SUBDIVISION (IF APPLICABLE):  6. SOURCE OF WATER:  PRIVATE WELL  PUBLIC WATER SUPPLY  (NAME OF SUPPLIER)  7. SINGLE FAMILY RESIDENCE: NO. OF BEDROOMS  LIVING AREA (SQ FT)  DESIGNED MAXIMUM DAILY WATER CONSUMPTION (GPD):  8. COMMERCIAL/INSTITUTIONAL (INCLUDING MULTI-FAMILY RESIDENCES) TYPE:  NO. OF EMPLOYEES/OCCUPANTS/UNITS:  DAYS OCCUPED PER WEEK  DESIGNED MAXIMUM DAILY WATER CONSUMPTION (GPD):  9. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 30 FEET?  YES  NO  10. SITE EVALUATOR:  LICENSE NO:  PHONE NO.  11. DESIGNER:  LICENSE NO:  PHONE NO.  12. INSTALLER:  LICENSE NO:  PHONE NO.  14. INSTALLER:  LICENSE NO:  PHONE NO.  15. INSTALLER:  LICENSE NO:  PHONE NO.  16. INSTALLER:  LICENSE NO:  PHONE NO.  17. INSTALLER:  LICENSE NO:  PHONE NO.  18. ORGANIZED SEXIMEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AUTHORIZATION IS HER GIVEN TO THE FREESTONE COUNTY DESIGNATED REPRESENTATIVE TO ENTER UPON THE ABOVE DESCRIBED PRIVATE PROPERTY APPLICATION CONSTITUTES AUTHORIZATION POOR ON-SITE SEWAGE FACILITY AND THAT THE APPROVAL OF A PAPLICATION OF ON-SITE SEWAGE FACILITY AND THAT THE APPROVAL OF A PAPLICATION OF THE INSTALLED SYSTEM WHICH INDICATES THAT SYSTEM WAS INSTALLED IN COMPLIANCE WITH TEXPO'S ON-SITE SEWAGE FACILITY RULES (OSSF) AND FREESTONE COUNTY'S WARDLY WAS INSTALLED IN COMPLIANCE WITH TEXPOYS ON-SITE SEWAGE FACILITY AND THAT THE APRIVAT OF PERMIT TO OPER WHICH INDICATES THAT SYSTEM WAS INSTALLED IN COMPLIANCE WITH TEXPOYS ON-SITE SEWAGE FACILITY AND THAT THE APRIVATION SYSTEM WHICH INDICATES THAT SYSTEM WAS INSTALLED IN COMPLIANCE WITH TEXPOYS ON-SITE SEWAGE FACILITY RULES (OSSF) AND FREESTONE COUNTY'S WARDLY PROPERTY.  |                                 | (STREET/PO BOX   | (CITY/ST  | ATE) (ZIP)  |  |  |
| 5. PROPERTY DESCRIPTION: SURVEY:   | 3.                              | TELEPHONE NO.: ()HOME (  |   | work  |  |  |
| 5. PROPERTY DESCRIPTION: SURVEY:   | 4.                              | 911 SITE ADDRESS:(STREET)  | (CITY/STATE)  | (ZIP)   |  |  |
| 6. SOURCE OF WATER:  |                                 | PROPERTY DESCRIPTION: SURVEY:  | PREC  |   |  |  |
| (NAME OF SUPPLIER)  7. SINGLE FAMILY RESIDENCE: NO. OF BEDROOMS LIVING AREA (SQ FT)  |                                 | LOT/BLK/SEC/SUBDIVISION (IF APPLICABLE):   |   |   |  |  |
| BESIGNED MAXIMUM DAILY WATER CONSUMPTION (GPD):  8. COMMERCIAL/INSTITUTIONAL (INCLUDING MULTI-FAMILY RESIDENCES) TYPE:  NO. OF EMPLOYEES/OCCUPANTS/UNITS:  DAYS OCCUPIED PER WEEK  DESIGNED MAXIMUM DAILY WATER CONSUMPTION (GPD):  9. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 30 FEET?  YES  NO  10. SITE EVALUATOR:  LICENSE NO:  PHONE NO.  PHONE NO.  11. DESIGNER:  LICENSE NO:  PHONE NO.  PHONE NO.  12. INSTALLER:  LICENSE NO:  PHONE NO.  PHONE NO.  14. INSTALLER:  LICENSE NO:  PHONE NO.  15. INSTALLER:  LICENSE NO:  PHONE NO.  16. STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AUTHORIZATION IS HER GIVEN TO THE FREESTONE COUNTY DESIGNATED REPRESENTATIVE TO ENTER UPON THE ABOVE DESCRIBED PRIVATE PROPERTY THE PURPOSE OF LOT EVALUATION AND INSPECTION OF ON-SITE SEWAGE FACILITY AND THAT THE APPROVAL OF THE FACILITY WILL BE GRANTED FOLLOWING SUCCESSFUL INSPECTION OF THE INSTALLED SYSTEM WHICH INDICATES THAT SYSTEM WAS INSTALLED IN COMPLIANCE WITH TCEQ'S ON-SITE SEWAGE FACILITY RULES (OSSF) AND FREESTONE COUNTY'S WA CONTROL ORDER.   | 6.                              | SOURCE OF WATER:PRIVATE WELLPUBLIC   | WATER SUPPLY  | (NAME OF SUPPLIER)  |  |  |
| 8. COMMERCIAL/INSTITUTIONAL (INCLUDING MULTI-FAMILY RESIDENCES) TYPE: NO. OF EMPLOYEES/OCCUPANTS/UNITS: DAYS OCCUPIED PER WEEK DESIGNED MAXIMUM DAILY WATER CONSUMPTION (GPD):  9. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 30 FEET? YES NO  10. SITE EVALUATOR: LICENSE NO: PHONE NO. PHONE NO.  11. DESIGNER: LICENSE NO: PHONE NO.  PHONE NO.  12. INSTALLER: LICENSE NO: PHONE NO.  14. INSTALLER: PHONE NO.  15. INSTALLER: PHONE NO. PHONE NO.  16. SERVING THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AUTHORIZATION IS HER GIVEN TO THE FREESTONE COUNTY DESIGNATED REPRESENTATIVE TO ENTER UPON THE ABOVE DESCRIBED PRIVATE PROPERTY THE PURPOSE OF LOT EVALUATION AND INSPECTION OF ON-SITE SEWAGE FACILITIES. I UNDESTAND THAT THE APPROVAL OF 7 APPLICATION CONSTITUTES AUTHORIZATION FOR CONSTRUCTION OF THE ON-SITE SEWAGE FACILITY AND THAT THE APPROVAL OF 7 APPLICATION CONSTITUTES AUTHORIZATION FOR CONSTRUCTION OF THE INSTALLED SYSTEM WHICH INDICATES THAT SYSTEM WAS INSTALLED IN COMPLIANCE WITH TCEQ'S ON-SITE SEWAGE FACILITY RULES (OSSF) AND FREESTONE COUNTY'S WAS CONTROL ORDER.  | 7.                              | SINGLE FAMILY RESIDENCE: NO. OF BEDROOMS_  | LIVING AR   | EA (SQ FT)  |  |  |
| NO. OF EMPLOYEES/OCCUPANTS/UNITS:DAYS OCCUPIED PER WEEK  |                                 | DESIGNED MAXIMUM DAILY WATER CONSUMPTION (GPD):_   |   |   |  |  |
| LICENSE NO:PHONE NO  | 8.                              | NO. OF EMPLOYEES/OCCUPANTS/UNITS:DAYS OCCUPIED PER WEEK  |   |   |  |  |
| LICENSE NO:PHONE NO  | 9.                              | IS AN ORGANIZED SEWAGE COLLECTION WITHI  | N 30 FEET?  | YES NO  |  |  |
| LICENSE NO:PHONE NO  | 10.                             | SITE EVALUATOR:  |   |   |  |  |
| LICENSE NO:PHONE NO  |                                 | LICENSE NO: PHONE  | E NO  |   |  |  |
| LICENSE NO.:  PHONE NO.  I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AUTHORIZATION IS HER GIVEN TO THE FREESTONE COUNTY DESIGNATED REPRESENTATIVE TO ENTER UPON THE ABOVE DESCRIBED PRIVATE PROPERTY THE PURPOSE OF LOT EVALUATION AND INSPECTION OF ON-SITE SEWAGE FACILITIES. I UNDERSTAND THAT THE APPROVAL OF TAPPLICATION CONSTITUTES AUTHORIZATION FOR CONSTRUCTION OF THE ON-SITE SEWAGE FACILITY AND THAT A PERMIT TO OPER THE FACILITY WILL BE GRANTED FOLLOWING SUCCESSFUL INSPECTION OF THE INSTALLED SYSTEM WHICH INDICATES THAT SYSTEM WAS INSTALLED IN COMPLIANCE WITH TCEQ'S ON-SITE SEWAGE FACILITY RULES (OSSF) AND FREESTONE COUNTY'S WAS CONTROL ORDER.   | 11.                             | DESIGNER:  |   |   |  |  |
| LICENSE NO.:  PHONE NO.  I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AUTHORIZATION IS HER GIVEN TO THE FREESTONE COUNTY DESIGNATED REPRESENTATIVE TO ENTER UPON THE ABOVE DESCRIBED PRIVATE PROPERTY THE PURPOSE OF LOT EVALUATION AND INSPECTION OF ON-SITE SEWAGE FACILITIES. I UNDERSTAND THAT THE APPROVAL OF TAPPLICATION CONSTITUTES AUTHORIZATION FOR CONSTRUCTION OF THE ON-SITE SEWAGE FACILITY AND THAT A PERMIT TO OPER THE FACILITY WILL BE GRANTED FOLLOWING SUCCESSFUL INSPECTION OF THE INSTALLED SYSTEM WHICH INDICATES THAT SYSTEM WAS INSTALLED IN COMPLIANCE WITH TCEQ'S ON-SITE SEWAGE FACILITY RULES (OSSF) AND FREESTONE COUNTY'S WAS CONTROL ORDER.   |                                 | LICENSE NO: PHONE  | NO  |   |  |  |
| I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AUTHORIZATION IS HER GIVEN TO THE FREESTONE COUNTY DESIGNATED REPRESENTATIVE TO ENTER UPON THE ABOVE DESCRIBED PRIVATE PROPERTY THE PURPOSE OF LOT EVALUATION AND INSPECTION OF ON-SITE SEWAGE FACILITIES. I UNDERSTAND THAT THE APPROVAL OF TAPPLICATION CONSTITUTES AUTHORIZATION FOR CONSTRUCTION OF THE ON-SITE SEWAGE FACILITY AND THAT A PERMIT TO OPER THE FACILITY WILL BE GRANTED FOLLOWING SUCCESSFUL INSPECTION OF THE INSTALLED SYSTEM WHICH INDICATES THAT SYSTEM WAS INSTALLED IN COMPLIANCE WITH TOEQ'S ON-SITE SEWAGE FACILITY RULES (OSSF) AND FREESTONE COUNTY'S WAS CONTROL ORDER.  | 12.                             | INSTALLER:   |   |   |  |  |
| GIVEN TO THE FREESTONE COUNTY DESIGNATED REPRESENTATIVE TO ENTER UPON THE ABOVE DESCRIBED PRIVATE PROPERTY THE PURPOSE OF LOT EVALUATION AND INSPECTION OF ON-SITE SEWAGE FACILITIES. I UNDERSTAND THAT THE APPROVAL OF TAPPLICATION CONSTITUTES AUTHORIZATION FOR CONSTRUCTION OF THE ON-SITE SEWAGE FACILITY AND THAT A PERMIT TO OPER THE FACILITY WILL BE GRANTED FOLLOWING SUCCESSFUL INSPECTION OF THE INSTALLED SYSTEM WHICH INDICATES THAT SYSTEM WAS INSTALLED IN COMPLIANCE WITH TCEQ'S ON-SITE SEWAGE FACILITY RULES (OSSF) AND FREESTONE COUNTY'S WAS CONTROL ORDER.   |                                 | LICENSE NO.: PHONE   | NO  |   |  |  |
| (SIGNATURE OF OWNER) (DATE)  | GIV<br>THE<br>APP<br>THE<br>SYS | EN TO THE FREESTONE COUNTY DESIGNATED REPRESENTATIVE PURPOSE OF LOT EVALUATION AND INSPECTION OF ON-SITE LICATION CONSTITUTES AUTHORIZATION FOR CONSTRUCTION OF FACILITY WILL BE GRANTED FOLLOWING SUCCESSFUL INSPITEM WAS INSTALLED IN COMPLIANCE WITH TCEQ'S ON-SITE OF THE PURPOSE OF THE PURPOS | VE TO ENTER UPON SEWAGE FACILITIE OF THE ON-SITE SE PECTION OF THE IN | THE ABOVE DESCRIBED PRIVATE PROPERTY FO<br>S. I UNDERSTAND THAT THE APPROVAL OF THI<br>WAGE FACILITY AND THAT A PERMIT TO OPERAT<br>ISTALLED SYSTEM WHICH INDICATES THAT TH |  |  |
|  |                                 | (SIGNATURE OF OWNER)   | · · · · · · · · · · · · · · · · · · ·                                 | (DATE)  |  |  |

(DATE)

#### SYSTEM DESIGNERS FOR ON-SITE SEWAGE FACILITIES

(PARTIAL LIST ONLY)

The County in no way recommends or approves the companies and/or individuals named. You may also consult your local yellow pages in the phone directory for your area.

Steven Gonzalez, R.S. 9246 Brookwater Circle College Station, TX 77845

(989) 764-7158

William Hill, R.S. North FM 2555

Corsicana, TX 75110

(903) 879-5058

Phillip Marlar, R.S.

P.O. Box 274

Scurry, TX 75158

(972) 452-8487

Terry D. Rodgers, R.S.

5725 FM 1181

Ennis, TX 75119

(972) 878-7172

Chris Robinson

211 CR 501

Fairfield, TX 75840

RS-4238

SE-28007

(903) 389-6175

John Luker

13890 CR 355

(903) 322-5500 (home)

Buffalo Texas 75831

(903) 388-0072 (cell)

#### ON-SITE SEWAGE FACILITY CONTRACTORS

Note: The following list of contractors have been licensed by the Texas Commission on Environmental Quality as Registered Installers of On-Site Sewage Facilities This list has been compiled as a service to you only. The County does not recommend anyone.

|   | FREESTONE COUNTY   |  |   |  |  |
|---|--|--|---|--|--|
| Cannon, Ronald<br>Pickle, Rod Jr.<br>Neal, Claude III<br>Sessions, Ken  | P.O. Box 204, Streetman, TX 75859<br>P.O. Box 222, Streetman, TX 75859<br>P.O. Box 556, Fairfield, TX 75840<br>P.O. Box 344, Kirvin, TX 75848  | (214) 202-9225<br>(903) 724-3377<br>(903) 389-2105<br>(903) 599-2319   | OSII-28459<br>OSI -7355<br>OSII-0022668<br>OSII-6580                                      |  |  |
|   | ANDERSON COUL  | NTY  |   |  |  |
| Christian, Joel<br>Cooper, Jerry<br>Douglas, Gary<br>Jacobs, Christy<br>McGuffy, John<br>Thompson, Chris<br>Matheson, James | 560 ANCR 329, Frankston, TX 75763<br>5339 St Hwy 155, Palestine, TX 75801<br>2702 ANCR 489, Montalba, TX 75853<br>2704 Crockett Rd, Palestine, TX 75803<br>P.O. Box 1104, Frankston, TX 75763<br>P.O. Box 2882, Palestine, TX 75803<br>203 Seminole Dr., Palestine, TX 75803 | (903) 876-3435<br>(903) 723-2761<br>(903) 849-2050<br>(903) 723-5533<br>(903) 571-8198<br>(903) 724-4387<br>(903) 724-0633 | OSII-1441<br>OSII-1445<br>OSII-2118<br>OSII-5218<br>OSII-1501<br>OSI-28906<br>OSII-28144  |  |  |
| LEON COUNTY   |  |  |   |  |  |
| Bradshaw, Sam<br>Bumpers, James<br>Lynch, Larry<br>Ranton, Clay<br>Robinson, Eddie<br>Zoch, Kenneth<br>Luker, John          | 7175 CR 298, Oakwood, TX 75855<br>P.O. Box 197, Marquez, TX 77865<br>P.O. Box 385, Buffalo, TX 75831<br>P.O. Box 751, Normangee, TX 77871<br>P.O. Box 148, Flynn, TX 77855<br>P.O. Box 1059, Centerville, TX 75833<br>13890 CR 355, Buffalo, TX 75831                        | (903) 536-5303<br>(903) 529-2682<br>(903) 322-5245<br>(936) 396-1429<br>(936) 396-7052<br>(903) 388-1716<br>(903) 388-0072 | OSII-5177<br>OSII-1204<br>OSII-2308<br>OSII-19897<br>OSII-0848<br>OSII-4498<br>OSII-29997 |  |  |
| LIMESTONE COUNTY  |  |  |   |  |  |
| Casey, Albert Fisher, Thomas McDade, Freddie Mitchell, Daniel Murphey, Robert Shivers, Terry Trantham II, James             | 3420 FM 3371, Groesbeck, TX 76642<br>194 Park Rd 28, Mexia, TX 76667<br>P.O. Box 32, Tehucana, TX 76686<br>298 FM 2745, Kosse, TX 76653<br>568 LCR 496, Mexia, TX 76667<br>P.O. Box 551, Mexia, TX 76667<br>490 FM 2838, Mexia, TX 76667                                     | (254) 729-5678<br>(254) 562-5751<br>(254) 395-4476<br>(281) 935-8527<br>(254) 562-3571<br>(254) 562-6252<br>(254) 562-3542 | OSII-4270<br>OSI -4992<br>OSII-3861<br>OSII-5733<br>OSII-8458<br>OSII-0502<br>OSII-5280   |  |  |

168 LCR 747, Groesbeck, TX 76642

Shriver, Zack L.

(254) 729-5901

OSII-27374

### ON-SITE SEWAGE FACILITY CONTRACTORS (Con't)

#### **NAVARRO COUNTY**

| Brown, Jerry   | 1503 W. 13th Ave, Corsicana, TX 75110 | (903) 654-2345 | OSII-2477  |
|----------------|---------------------------------------|----------------|------------|
| Chapman, Bobby | P.O. Box 9, Richland, TX 76681        | (903) 362-1842 | OSII-22659 |
| Crum, Clyde    | 312 E Allyn Ave, Corsicana, TX 75110  | (214) 826-0101 | OSII-3945  |
| Rash, Jimmy    | 8628 S Hwy 287, Corsicana, TX 75109   | (903) 654-1557 | OSII-0583  |

OSI: Installer I is authorized to install standard OSSF systems (septic tanks, absorptive drain fields, unlined ET drain fields, leaching chambers, gravel-less pipe, and pumped effluent drain fields).

OSII: Installer II is authorized to install all types of OSSF systems and can design standard OSSF systems if they are also a Site Evaluator (SE) or has a site evaluation performed by a registered SE.

#### CERTIFICATION REQUIRING MAINTENANCE AFFIDAVIT

THE COUNTY OF FREESTONE STATE OF TEXAS

Notary's Printed Name:

My Commission Expires:

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

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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), ss 5.012 and ss 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 owner's to provide 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 authority. This deed certification is not a 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.

П An OSSF requiring maintenance, according to 30 Texas Administrative Code ss 285.91(12) will be installed on the property described as: The property is owned by: This OSSF must be covered by a continuous maintenance contract for the initial two year warranty period. An approved maintenance company must perform all maintenance on this OSSF, and a signed maintenance contract must be submitted within 30 days after the property has been transferred. A copy of the contract must be submitted to the: Freestone County Services - OSSF Freestone County Courthouse 118 E. Commerce, Rm. 105 Fairfield, Texas 75840 (903) 389-8884 (903) 389-3839 Fax The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the office of the Freestone County Environmental Health Office. WITNESS BY HAND(S) ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_. Owner(s) signature(s) SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

Notary Public, State of Texas

#### **TCEQ**

## ON- SITE SEWAGE FACILITY TECHNICAL APPLICATION FOR PERMIT

| APPLICATION # |  |
|---------------|--|
|               |  |

# DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND OR ADMINISTRATIVE PENALTIES.

|          | OWNER'S NAME:      |   |               | COUNTY: |                                     |        |    |
|----------|--------------------|---|---------------|---------|-------------------------------------|--------|----|
|          | Profess            | ional design required? (Circle Ye       | s or No) Yes  | No      | If yes, profession design attached? | Yes    | No |
| I. SEW   | ER (Hou            | se Drain):                              |               |         |                                     |        |    |
| Туре     | and Size           | e of Pipe:                              | Slope of S    | Sewer   | Pipe to Tank:                       |        |    |
| II. DAII | LY WAS             | STEWATER USAGE RATE: Q =                | = (gall       | ons/da  | ny)                                 |        |    |
| Wate     | er Saving          | Devices: Yes No                         |               |         |                                     |        |    |
| III. TRI | EATME              | NT UNIT: (circle A, B, or C belo        | w)            |         |                                     |        |    |
| A.       | SEPTIC             | TANK:                                   |               |         |                                     |        |    |
|          |                    | Tank Dimensions:                        |               | Siz     | e Required:                         |        | _  |
|          |                    | Liquid Depth (Bottom of tank to         | outlet):      | Siz     | e Proposed:                         |        | _  |
| В.       | SEPTIC             | TANK:                                   |               |         |                                     |        |    |
|          |                    | Manufacturer:                           |               | Siz     | e Required:                         |        |    |
|          |                    | Model Number:                           |               | Si      | ze Proposed:                        |        | -  |
|          | •                  | Pretreatment Tank: Yes No               |               |         |                                     |        |    |
| C.       | OTHER<br>(Please a | :attach description)                    |               | 9.00    |                                     |        |    |
| IV. DIS  |                    | SYSTEM:                                 |               |         |                                     |        |    |
| 211.020  |                    | 5 2 5 2 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 |               |         |                                     |        |    |
|          | •                  | Area Required:                          |               |         |                                     |        |    |
|          | •                  | Area Proposed:                          |               | _       |                                     |        |    |
| V. ADD   | ITIONA             | L INFORMATION:                          |               |         |                                     |        |    |
|          | NOTE:              | THIS INFORMATION MUST I                 | BE ATTACHE    | D FO    | R REVIEW TO BE COMPLETED            | ),     |    |
| A.       | Site Eva           | luation                                 |               |         |                                     |        |    |
| В.       | Planning           | g Materials                             |               |         |                                     |        |    |
|          | Th                 | e attached checklist details those      | items that mu | st be   | addressed under each of these cate  | gories | š. |
|          | <br>D              | esigner's Signature                     | Registration  | No.     | Date                                |        | -  |