

Karnes County Region 13 TCEQ Authorized Agency

Karnes County Special Projects Office

210 W Calvert Ave. Suite 155

Karnes City, Texas 78118

Phone: 830.780.3511 FAX: 830.780.2865

HOW TO OBTAIN A KARNES COUNTY PERMIT FOR AN ON-SITE SEWAGE FACILITY

RETAIN A COPY OF THIS PAGE PRIOR TO RETURNING THE APPLICATION TO THE ABOVE ADDRESS PLEASE USE BLUE INK

Determination Development Application required prior to OSSF Permit

SINGLE FAMILY RESIDENTIAL FEE: \$450.00 (PER TANK) COMMERCIAL FEE: \$500.00 (PER TANK)

- Obtain an application from the Karnes County Special Projects Department
- Have appropriate individual (Registered Site Evaluator or Registered Combination Installer II/Site Evaluator) perform mandatory soil tests.
- Have appropriate individual prepare planning material professional design (R.S.P.E.) is required to scale for all systems.
- Submit **completed application** and technical information sheet (in property owner's name) with **proof** of property ownership (deed), including tract of land and description of property, with all pages intact and filled out. Include the appropriate fee and **one copy** each of the following: 1) planning materials, 2) site and soil evaluation, 3) accurate directions to the site.
- Submit a copy of the Installers License
- Plans and application will be reviewed by the Designated Representative (DR). Non-standard system plan may be reviewed by TCEQ representative or central office staff in Austin.
- Upon approval, authorization to construct will be issued. The Authorization to Construct is valid for one year from the date of issuance.
- Begin construction. An inspection of the installation is required before covering of the system. Contact our office at least **5 working days** in advance to arrange an inspection.
- For inspection call **Jim Adams, the Karnes Co. Designated Representative (DR) at 830-780-3511**

Affidavit and Maintenance Contract are required for Aerobic systems

Special Projects will retain the original.

**ALL FEES SHALL BE PAID BY:
PERSONAL CHECK, CASHIER'S CHECK, OR MONEY ORDER
PAID TO KARNES COUNTY**

Registered Sanitarians

| | |
|------------------|--------------|
| J.H. Matthews | 210-364-3291 |
| Arthur Locke | 210-601-3672 |
| Stephen Shepard | 361-343-5037 |
| Hurts Wastewater | 800-841-3447 |
| Clayton Mayfield | 361-645-4510 |
| Nathan Moy | 979-218-6720 |
| Brian Erxleben | 830-660-9133 |

Installers

| | |
|----------------------|--------------|
| Clayton Mayfield | 361-391-3345 |
| Ian S. Cameron | 830-391-3345 |
| Mikel's Construction | 830-534-9996 |
| Wendell Geigle | 361-220-0203 |
| Hurts Wastewater | 800-841-3447 |
| Gary Wrightman | 210-846-7375 |
| Todd Lee | 361-935-2050 |
| Bronson Fuller | 830-391-3384 |
| Quinten Kiobassa | 830-743-0826 |
| Joe Ortiz Const. | 361-564-2048 |
| Jimmy Sylva | 361-362-5140 |
| Kyle Carpenter | 361-449-5391 |
| Ronnie Tumlinson | 830-534-5345 |
| Eddie Gonzales | 830-251-1972 |

Evergreen Underground Water Conservation District

info@evergreenuwcd.org

110 Wyoming Boulevard Pleasanton Tx 78064
830-569-4186 Fax 830-569-438

TCEQ- 210-490-3096 or 512-239-1000

COUNTY OF KARNES

APPLICATION FOR ON-SITE SEWAGE FACILITY NEW CONSTRUCTION AND MODIFICATION

New Installation
 Modification

13
TCEQ REGION NUMBER
KARNES
COUNTY OF INSTALLATION

| |
|-----------------------|
| COUNTY USE ONLY |
| Application No. _____ |
| Date _____ |
| Amount _____ |

- PROPERTY OWNER'S NAME: _____
(LAST) (FIRST) (MIDDLE)
- PERMANENT MAILING ADDRESS: _____
- TELEPHONE NO. DURING DAY: _____
- SITE ADDRESS: _____
- LEGAL DESCRIPTION: Sec. _____ Block _____ Lot _____ Date _____
SUBDIVISION: _____
OTHER THAN SUBDIVISION: ACREAGE _____ SURVEY _____
- SOURCE OF WATER: Private Well Public Water Supply (Name) _____
- SINGLE FAMILY RESIDENCE: No. Of Bedrooms _____ Living Area _____
() New construction () Substantial Improvement to Existing Structure () New Mobil Home () Used Mobil Home
- COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED PER WEEK: _____
- SITE EVALUATOR: _____ CERTIFICATION NO. _____
- DESIGNER: _____ LICENSE NO. (PE or RS): _____
PHONE NO.: _____
- INSTALLER: _____ REGISTRATION NO.: _____
PHONE NO.: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the COUNTY OF KARNES to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with this commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

12.

(SIGNATURE OF OWNER)

(DATE)

COUNTY OF KARNES
NOTICE OF APPROVAL
ON-SITE SEWERAGE FACILITY

PERMIT # _____
CHECK # _____
DATE _____

Property Owner _____

Mailing Address _____

Property Location or "911" address _____

Karnes County, Texas

This serves to notify all persons that the on-site sewerage facility owned by the above has satisfied design, construction, and installation requirements of the Texas Commission on Environmental Quality (TCEQ) and the County of Karnes. This TCEQ-Karnes County On-Site Sewerage Facility Permit is issued for the operation of the above-identified on-site facility.

ANY MODIFICATIONS TO THE STRUCTURE, SYSTEM COMPONENTS, OR CHANGES OF OWNERSHIP MAY REQUIRE A NEW PERMIT. The owner must notify this office of the aforementioned changes.

ADDITIONAL INFORMATION:

Inspector

KARNES COUNTY DESIGNATED REPRESENTATIVE

Date _____

AUTHORIZATION TO CONSTRUCT ON-SITE SEWERAGE FACILITY

Application Number _____ TCEQ Region Number ¹³ _____

Property Owner _____

Mailing Address _____

Property Location _____

KARNES
 _____ County, Texas

This serves to notify all persons that an on-site sewerage facility application, related technical data, and the appropriate fees have been received by the County of Karnes from the property owner. The application has been reviewed for technical and administrative consideration against the standards set forth by the County of Karnes. Approval is hereby granted for the construction shown on the submitted plans and is based on the information provided in the application.

Any modifications made to the submitted plans require approval by the County of Karnes prior to installation.

You or your installer must contact the approving office prior to completion to arrange the required facility inspection. The authorization to construct is valid for one year from the date of issue. If a final inspection has not been performed within one year of issue, a new application and fee will be required.

Comments: _____

Application Reviewed by _____ Date _____

CARE OF YOUR NEW SEPTIC TANK

Facility owner's responsibilities, a properly designed on-site sewerage facility, properly constructed in a suitable soil, can malfunction if the amount of water it is required to dispose of is not controlled. It will be the responsibility of the owner to maintain and operate the facility in a satisfactory manner. The proper performance of an on-site sewerage facility cannot be guaranteed even though all provisions of these Standards have been met. Inspection and licensing of an on-site sewerage facility by the licensing authority shall indicate only that the facility meets minimum requirements and does not relieve the owner of the property from complying with county, State and Federal regulations. On-site sewerage facilities, although approved as meeting minimum standards, must be upgraded by the owner, at the owner's expense. If the owner's operation of the facility results in objectionable odors, if unsanitary conditions are created, if pollution or nuisance conditions are threatened or occur, or if the facility when used does not comply with governmental regulations.

An On-site sewerage system should not be treated as if it were a city sewer. Economy in the use of water helps prevent overloading of a sewerage system that could lessen its usefulness. Leaky faucets and faulty commode full-up mechanisms should be carefully guarded against. Garbage grinders can cause a rapid buildup of sludge or scum resulting in a requirement for more frequent cleaning and possible system failure. The excessive use of garbage grinders and grease discarding should be avoided.

Check commodes for leaks that may not be apparent. Add a few drops of food coloring to the tank. Do not flush. If the color appears in the bowl within a few minutes, the toilet flush mechanism needs adjustment or repair.

Do not use the toilet to dispose of cleaning tissues, cigarette butts or other trash. This disposal practice will waste water and also impose an undesired solids load on the treatment system.

Since it is not practical for the average homeowner to inspect his tank and determine the need for cleaning, a regular schedule of cleaning the tank at two-to-three year intervals should be established. Commercial cleaners are equipped to readily perform the cleaning operation. Owners of septic tank systems shall engage only persons registered with the Texas Department of Health to transport the septic tank cleanings.

Property Owner's Signature

Date

**ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT
APPLICATION # _____**

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

PROPERTY OWNER: _____ County: Karnes

HOME OWNER: _____ MAILING ADDRESS: _____

Professional design required? Yes No if yes, professional design attached: Yes No

I. SEWER (HOUSE DRAIN):

TYPE AND SIZE OF PIPE:- _____ SLOPE OF SEWER PIPE TO TANK: _____

II. DAILY WASTEWATER USAGE RATE: Q= _____ (gallons/day)

WATER SAVING DEVICES: Yes No

III. TREATMENT UNIT:

A. SEPTIC TANK:
TANK DIMENSIONS: _____ Liquid Depth (bottom of tank to outlet): _____

B. AEROBIC:
MANUFACTURER: _____ Model # _____

PRETREATMENT TANK: Yes No

C. OTHER: _____
(Please attach description)

IV. DISPOSAL SYSTEM:

TYPE: _____ TRENCH LENGTH X _____ Width

AREA REQUIRED: _____ AREA PROPOSED: _____

V. ADDITIONAL INFORMATION:

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

A. SITE EVALUATION

B. PLANNING MATERIALS

The attached checklist details those items that must be addressed under each of these categories.

DESIGNER'S

REGISTRATION NO.

DATE

**KARNES COUNTY
OSSF SOIL EVALUATION FORM**

Owner's Name _____

Physical Address _____

Name of Site Evaluator _____ Registration Number _____

Date Performed _____ Proposed Excavation Depth _____

- At least two soil evaluations must be performed on the site, at opposite ends of the proposed disposal are. Please show the results of each soil evaluation on a separate sheet. Locations of soil evaluations must be shown on the site drawing
- For subsurface disposal, soil evaluations must be performed to at least 2 ft. below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.
- Please describe each soil horizon and identify any restrictive features in the space provided below.

| Soil Boring Number _____ | | | | | |
|--------------------------|----------------|---------------------------|--------------------------------|---------------------|--------------|
| Depth (ft) | Textural Class | Structure (if applicable) | Drainage (Mottles) Water Table | Restrictive Horizon | Observations |
| 0 | | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| - | | | | | |

| Soil Boring Number _____ | | | | | |
|--------------------------|----------------|---------------------------|--------------------------------|---------------------|--------------|
| Depth (ft) | Textural Class | Structure (if applicable) | Drainage (Mottles) Water Table | Restrictive Horizon | Observations |
| 0 | | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| - | | | | | |

I certify that the above statements are true and are based on my own field observations.

(Signature of Site Evaluator)

Date

THE COUNTY OF KARNES *
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

Karnes County, Texas.

Aerobic System-Residential or Commercial

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 owner's 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 deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification 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.

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

The property is owned by: _____

A commercial OSSF must be covered by a continuous maintenance contract at all times. Residential OSSF for minimum of 2 years, All maintenance on this OSSF must be performed by an approved maintenance provider and a signed maintenance contract must be submitted to Karnes County Special Projects Office within 30 days after the property has been transferred.

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 Karnes County Special Projects Office.

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: