

On-Site Sewage Facilities Permitting

Explanation:

This OSSF permit application packet contains the application and other necessary documents to submit a permit application to the following jurisdictions located in Region 5 of the Texas Commission on Environmental Quality. This packet was developed to allow more consistency among Permitting Authorities (visit website listed below for complete listing). There may be additional forms required by the Permitting Authority where the OSSF is being installed.

COUNTIES

Bowie County	Marion County
Camp County	Morris County
Cass County	Rains County
Franklin County	Red River County
*Gregg County	Rusk County
*Harrison County	*Smith County
*Hopkins County	Titus County

Upshur County
Van Zandt County
Wood County

MUNICIPALITIES

City of Athens
City of Longview

LAKE AUTHORITIES

>>Sabine River Authority – Lake Fork Division
>>**Tarrant Regional Water District – Cedar Creek Lake and Richland Chambers Lake
>>Titus County Fresh Water Supply District #1 – Lake Bob Sandlin

(*) Additional forms required by Permitting Authority.

(**) Will accept all forms except the application.

(***) Will accept all forms except the application and affidavit.

Note: Forms also available on website: r5dr.com

Steps to take to obtain permit:

- Obtain permit application packet from the Permitting Authority.
- Have a registered Site Evaluator or Professional Engineer perform the mandatory site evaluation as identified in 285.30 in the OSSF rules.
- Have qualified individual prepare planning materials (Technical Information) and scaled drawings as specified in 285.5 of the OSSF rules.
- Submit **completed application** (in property owners name) with **all pages intact and no blank lines**. Include the appropriate fee and original copies of each of the following: 1) planning materials; 2) site and soil evaluation; 3) system design to scale; 4) affidavit and maintenance contract (if required); and 5) accurate directions to the site.
- The Permitting Authority shall review the application, fees, and planning materials, and owner will be notified as to the status. Non-standard systems may require review of TCEQ staff in Tyler or Austin, depending on the complexity of the system and could lengthen the process.
- Upon approval, an 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 any part of the system with out prior approval. The Installer is responsible for making sure he/she installs the system as approved by the Permitting Authority, even if changes were made by the Designer.
- After the system has been inspected and found to meet the requirements of the TCEQ Rules and all required documents have been submitted, a Notice of Approval will be issued to the owner.

NOTE: Some Permitting Authorities have adopted more stringent standards than are written in the TCEQ Rules. This may require additional planning or change in the overall design of the system. Check with your local Permitting Authorities to find out about any additional requirements in that jurisdiction.

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

Minimum lot size: ½ acre with community water, or 1 acre with water well. Contact the Permitting Authority in your County concerning lots that do not meet above criteria, but were platted prior to January 1, 1988.

Irregular and/or **undersized lots**, substantial **variances** to the “**Construction Standards**”, unconventional design, or innovative systems you must submit **Appropriate** supporting documents.

- ❑ Obtain an **Application** and all related documents.
- ❑ Have a **Site Evaluation** (site and soil classification) performed by a **Site Evaluator** or **Professional Engineer**.
- ❑ Submit the **Fee** and one **original copy** (in property owner’s name) of each of the following: **Application**, **Soil and Site Evaluation Results**, **Technical Data Sheet**, **Complete Design of System** along with any additional or supporting documents to the **Permitting Authority** in your County for review.
- ❑ **Application** and **Plans** will be reviewed by the Permitting Authority in your County.
- ❑ Upon approval, **Authorization** will be issued to begin construction.
- ❑ Begin construction*. An **Inspection** of the installation is required **Before** covering of the system. Contact the **Permitting Authority** in your County in advance to arrange an inspection.
- ❑ After a successful inspection, a **Notice of Approval** will be issued to the owner.

FEES: **CONTACT THE PERMITTING AUTHORITY IN YOUR COUNTY**

***If a person other than the property/system owner does construction, that person must hold a valid Texas Installer Certificate of Registration**

ON-SITE WASTERWATER SYSTEM CHECKLIST FOR DESIGNED SYSTEM

OWNER'S NAME _____

The following information must be included with the design package for review by the *VanZandt* County Environmental Quality. Failure to include or address all of the following items may result in approval delays.

- Plans and Report** must bear a **Signed and Dated Seal** of the responsible **Registered Sanitarian or Registered Professional Engineer**. The address and telephone number of this person must also be included in the submittal.
- A Report** must be included in the submittal containing the following information:
 - Basis of design
 - Site Evaluation**
 - System flow and sizing calculations
 - Material specifications
 - Size and model number of approved aerobic system (if used)
- Construction Drawing** must include the following information:
 - A Scaled, Legible Site Plan with Boundary Description**
 - The location of **all buildings** (existing or proposed) **on the site plan**
 - The location of the **wastewater treatment units and disposal area**
 - Setback Distances and Water Wells** must be identified and located on the site plan
 - The site plan must also include topographical contours for slopes greater than 15%
 - Easements and Bodies of Water** (lakes, streams, creeks, ditches, ponds etc.) **must be identified**
 - Installation details such as septic tank configuration, layouts, cross-sections of drainfields and disposal beds, irrigation systems and pump station including piping and controls
- Property Deed or Deed of Trust** showing ownership of the property for the system that is being installed

Signature of Designer

Address

Telephone Number

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

**On-Site Sewage Facilities
Permit Application**

Permit Number	
Date	
Amount Paid	Receipt #

Authorized Agent: Van Zandt County

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 _____, Tract _____, Section _____,

GEO Number: _____ Deed Volume _____, Page _____

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:** _____

Manufacturer: _____

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): _____

II. Disposal System:

Type: Conventional Surface LPD Drip **Product Manufacturer:** _____

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)
Form # PA3/2-2004-Revised-Final

(Date)

Registration Number and Type

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.

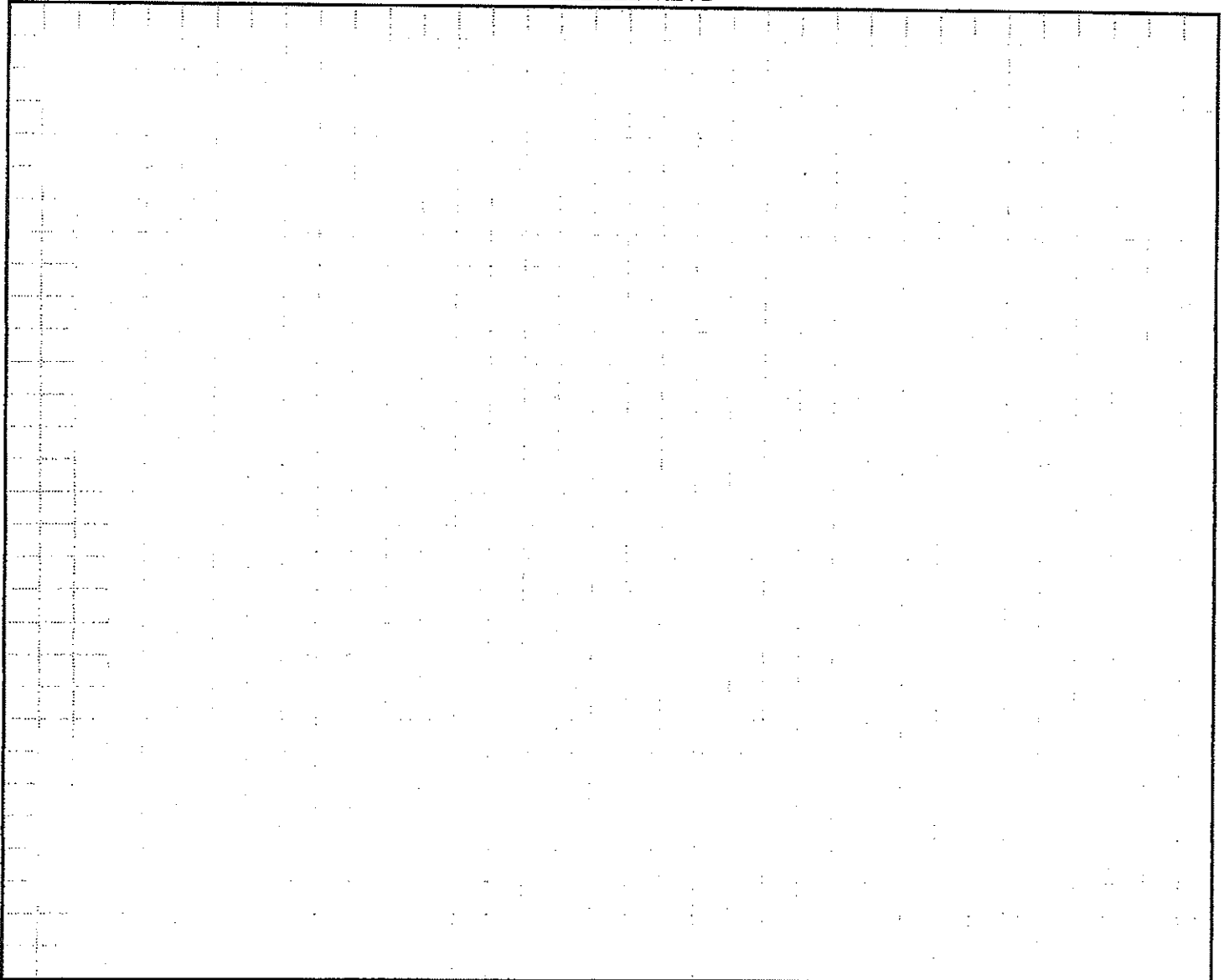
Indicate slope or provide contour lines from the structure to the farthest location of the proposed disposal field.

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

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:

TESTING AND REPORTING RECORD

This testing and reporting record **shall** be completed, signed and dated after each inspection. A copy **shall** be retained by the Maintenance Company or Homeowner performing the inspection. A copy of the inspection **shall** be sent to the Permitting Authority within **14 days** of Inspection. If a Maintenance Company performed the inspection, a copy **shall** be sent to the system owner.

1. PROPERTY OWNER _____ Actual Date of Inspection _____

SITE ADDRESS _____ PERMIT# _____

2. SYSTEM INSPECTION

<u>Inspected Item</u>	<u>Operational</u>	<u>Inoperative</u>
Aerator	_____	_____
Filters	_____	_____
Application Pumps	_____	_____
Disinfecting Device	_____	_____
Chlorine Supply	_____	_____
Electrical Circuits	_____	_____
Distribution System	_____	_____
Other as Noted _____	_____	_____

3. REPAIRS TO SYSTEM

(List all components replaced {including serial numbers}) _____

(CONTINUE ON BACK)

4. TEST REQUIRED AND RESULTS

<u>Test</u>	<u>Required</u>	<u>Results</u> mg/l or mpn/100ml	<u>Test Method</u> (Device Used)
BOD (grab)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
TSS (grab)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Cl ₂	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Fecal Coliform	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

5. GENERAL COMMENTS OR RECOMMENDATIONS

(CONTINUE ON BACK)

6. SIGNATURE (License Maintenance Provider) _____ (License Maintenance Provider License #)

7. Printed Name Of Person Performing Test _____ (Maintenance Technician Number)

PLEASE COMPLETE AND RETURN TO LOCAL PERMITTING AUTHORITY