

How to obtain a Van Zandt County permit for an On-Site Sewage Facility (OSSF)

Minimum lot size: One (1) acre usable property.

- o Contact Van Zandt County Fire Marshal's Office concerning lots that do not meet the above criteria.
- o <u>Irregular and/or Undersized Lots</u>, Substantial <u>variances</u> to the "<u>Construction Standards</u>", Unconventional design, or innovative systems you must submit <u>Appropriate</u> supporting documents.

Obtain an **Application** and all related documents from the Van Zandt County Web-site, under other offices, Van Zandt County Fire Marshal Office, OSSF, Regulations and Forms. (www.vanzandtcounty.org)

Have a Site Evaluation (site and soil classification) performed by a Site Evaluator, Registered Sanitarian or Professional Engineer.

- O Submit the fee and one (1) original copy (in property owner's name) of each of the following:
- Application
- o Site Evaluation Results
- o Technical Information Sheet
- o Complete Design of System
- o Acknowledgement of OSSF Maintenance and Management Practices of water conservation measures along with
 - Additional and/or Supporting documents
- Affidavit
- Warranty Deed showing Ownership of Property

Application and Plans will be reviewed by the Designated Representative at the VZC Fire Marshal's office

Upon approval, Authorization will be issued to begin construction

A <u>Final Inspection</u> of the installation is required <u>before</u> covering of the system. Contact this office at least <u>five (5)</u> working days in advance to arrange an inspection

After a successful inspection, a Notice of Approval will be issued to the owner.

FEES:	
Single Family Dwelling	\$ 400.00
Commercial Business	\$ 650.00
Re-Inspection (New Construction)	\$ 200.00
Yearly Maintenance Contract	\$ 30.00



SUBMISSION REQUIREMENTS FOR ON-SITE SEWAGE FACILITIES (OSSF) SEEKING AUTHORIZATION FOR SURFACE APPLICATION

This is the <u>Van Zandt County Fire Marshal's Office</u> policy on surface application system. The following documents and related fees must be submitted to our office <u>prior</u> to the <u>review</u> for approval of the proposed system:

- A properly scaled and signed (original signature) plan must be submitted by a Registered Sanitarian or Registered Professional Engineer and must include installation details of the aerobic unit, technical features of filters, alarms to be used with the specific system, chlorinating system, application pump and piping.
- Provide calculations on the emergency storage volume, pump sizing and application pipe head loss
- o Provide a description of ground cover of the application area
- o Provide the average daily waste flow, application area required, and actual area utilized
- o A complete, signed, and notarized Affidavit to the Public must be filled in the County Cler's office. A copy must be submitted to our office.
- o A check or money order must accompany the application payable to Van Zandt County Clerk.
- A copy of a two-year system maintenance contract with a valid OSSF maintenance company must be provided to our office.
- Any request for variance must demonstrate that the variance has been requested because conditions are such that the equivalent protection of the public health and the environment can be provided by alternate means. Any request for a variance must contain planning materials prepared and sealed by either a Registered Sanitarian or a Registered Professional Engineer.

If you have any questions or if we can be of further assistance, please contact this office.



VAN ZANDT COUNTY, TEXAS

OSSF Application

Permit Number / SAFE ID

			Date
INCOL	PLEASE NOTE: ALL INFORMATE APPLICATIONS WILL NO		SION
Type of Permit: O Commercial C		OT BE ACCEPTED FOR SOBMIS	SION
_	Redo) O Conv. (New / Redo)	Other (specify):	
	, , ,	, , , , , , , , , , , , , , , , , , ,	
	APPLICANT IN	IFORMATION	
Property Owner: Last	First	MI DL/ID:	State
Spouse/Co-Owner: Last	First	MI DL/ID:	State
Phone:	Email Address:		
Mailing Address:	City, Sta	ate	Zip:
Site Address:	City:	Precinct:	
AcreageLot, Blo	ck, Subdivision	, Un	it #
Survey Name: Section: GEO Number:			
Water Usage Rate "Q Value" (gallo	ns per day):	Water Saving Device	s: YES NO
Source of Water: Private Well	Public Water Supply – Nar	me:	
Single Family Residence: Num			
Commercial/Institutional/Mul			
Name of Business or Institution: _			
No. of Employees/Occupants/Unit	s: Days Occupied Per	Week: Square Foot:	
Site Evaluator:	TC	EQ License # Exp Date & Type: _	
Designer:	TCE	EQ License # Exp Date & Type:	
Address:		Telephone:	
nstaller:	TCE	Q License # Exp Date & Type:	
Address:		Telephone:	
Installer Fmail:			



VAN ZANDT COUNTY, TEXAS

OSSF Application

Permit Number / SAFE ID
Date

Date	
lge and no incorrect information was provided for purind applicant either owns and/or has authority to cone by granted to a Designated Representative of the lice id property for purposes of inspection, to determine ations.	irposo istruc
Date	
	_
DATE:	_
the Designated Representative shall serve as "Authorization	<u>ı to</u>
ED BY:	_
ISE NO: DATE:	_
Carrier Since Sinc	the undersigned applicant certifies that ALL inform dge and no incorrect information was provided for purand applicant either owns and/or has authority to conceby granted to a Designated Representative of the licelaid property for purposes of inspection, to determine lations.

A copy of this application with Approval Signature on the AO line by the Designated Representative shall serve as "Notice of Approval to Operate" based on the Final System Inspection, to include any approved changes or modifications made after release of Authorization to Construct.

SUBMIT APPLICATIONS and Fee to:

Van Zandt County Fire Marshal's Office 24634 State Highway 64 Canton, TX 75103



VAN ZANDT COUNTY, TEXAS

OSSF Application

Permit Number /	SAFE ID
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AGENT INFORMATION

	Date	

COMPLETE THIS PAGE ONLY IF THE APPLICANT IS ACTING AS AN AGENT FOR THE OWNER

OWNER IDENTIFICATION Owner(s) Name:				
AGENT IDENTIFICATIO Agent Name:		Title:		
Physical Address:		City, State:	Zip:	
Mailing Address:		City, State:	Zip:	
Phone:	Ema	il:		
DOB:	DL/ID#	State: _	Exp:	
(Initial at least one that appl A partner (if the C An Officer of the An agent of the al authority to rep	ies) Dwner is a partnership); corporation, association, Limbove entity, and by my duties present the policy and direction	e acting as an agent for an entity nited Liability Company, nonpro- s in my above listed title I have s on of the entity in this matter.	fit corporation listed above; or such responsibility that have the	
			OULD BE COMPLETING THE	
X				
Agent Signature		Da	ate	

SUBMIT APPLICATIONS and Fee to:

Van Zandt County Fire Marshal's Office 24634 State Highway 64 Canton, TX 75103



ON-SITE WASTEWATER SYSTEM CHECKLIST FOR DESIGNED SYSTEM

OWNER'S NA	AME:				
Site Address:					
Marshal's Offi • Plans a	information must be included with the design package for review by the Van Zandt County Fire ice. Failure to include or address <u>ALL</u> the following items may result in approval delays. and Report must bear a Signed and Dated Seal of the responsible Registered Sanitarian or Registered sional Engineer. The address and telephone number of this person must also be included in the tal.				
• A repo	rt must be included in the submittal containing the following information:				
0 0 0	Basis of design Soil and Site Evaluation System flow and sizing calculations Material specifications Size and model number of approved aerobic system (if used) Warranty Deed Affidavit				
0 0 0	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 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 drain fields and disposal beds, irrigation systems and pump station including piping and controls.				
Address:	Signature of Designer City: Zip:				
Telephone Nu	mber: Email:				



PERMITTING REQUIREMENTS HEALTH AND SAFETY CODE – CAPTER 366

Sec. 366.004 Compliance Required

A person may not construct, alter, repair or extend, or cause to be constructed, altered, repaired or extend an <u>on-site sewage disposal system</u> that does not comply with this chapter and applicable rules.

Sec. 366.051 Permit

(a) A person must hold a permit and an approved plan to construct, alter, repair, extend or operate an on-site sewage disposal system.

Sec. 366.054 Notice from Installer

An installer may not begin construction, alteration, repair, or extension of an on-site sewage disposal system unless the installer notifies the commission or authorized agent of the date on which the installer plans to begin work on the system.

Sec. 366.055 Inspection

(b) An on-site sewage disposal system may not be used unless it is inspected and approved by the commission or authorized agent.

Sec 366.056 Approval of On-Site Sewage Disposal System

(c) If a system is not approved under this section, the on-site sewage disposal system may not be used until all deficiencies are corrected and the system is <u>Re-inspected and Approved</u> by the commission or authorized agent.

Sec. 366.057 Permit Issuance

(b) A permit and approved plan to construct, alter, repair, extend, or operate an on-site sewage disposal system **must** be issued in the name of the person who owns the system and must identify the specific property location or address for the specific construction, alteration extension, repair, or operation proposed by the person.

If you have any questions about the above requirements of the <u>Health and Safety Code</u>, please contact this office either by phone or email.

This is to certify that the installer that is installing my On-Site Sewage Facility has complied with Provisions of 30 TAC, Chapter 285, Section 285.39 titled OSSF Maintenance and Management Practices that states:

- (a) "An installer shall provide the owner of an on-site sewage facility (OSSF) with information regarding maintenance and management practices and water conservation measures related to the OSSF installed, repaired, or maintained by the installer."
- (b) "Owners shall have the treatment tank pumped on a regular basis in order to prevent sludge accumulation from spilling over to the next tank or the outlet device. Owners of treatment tanks shall engage only persons registered with the executive director to transport the treatment tank contents."
- (c) "Owners shall not allow driveways, storage building, or other structures to be constructed over the treatment or disposal system."
- (d) "Owners is made aware that an initial maintenance contract is being issued for two years, to begin the date of the Approval to Operate (AO), and the Owner is required to renew a maintenance contract 30 days prior to contract expiration.

<u>THE INFORMATION ABOVE HAS BEEN PROVIDE</u>	D TO ME ACCORDING TO	SECTION 285.39(N)-(2) and
285.7(d)(2)		
	_	
(Signature of System Owner)		
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ON-SITE SEWAGE FACILITY TECHNICAL INFORMATION FOR PERMIT

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL UNAUTHORIZED CONSTRUCTION CAN RESULT IN PENTALTIES

Property Owner's Name			
New House w/New System			
Professional design required:	Yes No (If yes, professi	onal design attached: Yes	s No)
I. SEWER (House Drain	ı)		
Type and Size of Pipe	Slope	e of Sewer Pipe to Tan	k
II. DAILY WASTEWAT	TER USAGE RATE: Q)=	_(Gallons per day)
Water Saving Devices:	Yes No		
III. TREATMENT UNIT	T: SEPTIC TANKS	AEROBIC UNI	TOTHER
Tank Dimensions	Liquid Depth (bottom	of tank to outlet)	
Size Required(ga	allons) Size Proposed	(gallons)	
Manufacture	Model #	Distributor	
Type of tank material	Pretreatmen	nt tank required: Yes No	
Aerator Model	Serial #		
IV. DISPOSAL SYSTEM		Deire Corne	1 1 Din-
Type: Conventional		cation Drip Grave	i-less Pipe
E-Z LayLP		osed:	
V. ADDITIONAL INFORM	MATION		
NOTE: THIS INFORMAT Site Evaluation Planning Materials Design	TION MUST BE ATTACH	ED FOR REVIEW TO E	BE COMPLETE
THE ATTCACHED CHECK EACHY OF THESE CATEG		TEMS THAT MUST BE	ADDRESS UNDER
Designer's Signature	Regis	tration Number	Date

The following companies frequently do business in Van Zandt County.

Name	Office Phone Number
Richard Songer Septic Sand & Gravel, LLC	903-473-3899
Larry Reynolds Septic Service, LLC	903-747-6773
MLP Septic Services LLC	903-993-4808
Quality Septic	903-268-3382
D3 septic LLC	903-780-5858
Peak Septic	469-318-6608
C9 Septic	903-752-2681
Weaver Excavating	903-603-2200
Crow's Septic	469-338-7834
Aerobic Septic Inspections	903-865-1122
A & S Shaw Construction	903-288-9142
Mike's Septic Systems	903-385-0580
All Pro Septic	903-765-2903

^{*} NOTE: This list is not a recommendation nor is it a full list of all the companies that do business within Van Zandt County.

Septic Pumping List

Name	Office Phone Number
Twin Oaks Septic	903-289-0257
Peak Septic	469-318-6608
Quality Septic	903-458-9047
MLP Septic Services LLC	903-993-4808