

OSSF Application

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
- 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



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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 <u>copy must</u> 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.



OSSF Application

Permit Number / SAFE ID

			Date
,	PLEASE NOTE: ALL INFORM		0.01
_	MPLETE APPLICATIONS WILL N	OI BE ACCEPTED FOR SUBMIS	SIUN
Type of Permit: O Commercial C		7 au 7 au 7	
O Aerobic (New /	Redo) O Conv. (New / Redo)	→ Other (specify):	
	APPLICANT IN	NFORMATION	
Property Owner: Last	First	MI DL/ID:	State
Spouse/Co-Owner: Last	First	MI DL/ID:	State
Phone:	Email Address:		
Mailing Address:	City, St	ate	Zip:
Site Address:	City:	Precinct:	
AcreageLot, Blo	ock, Subdivision	, Un	iit #
Survey Name:	Abstract:	_, Deed Volume: Page	e: Tract:
Section: GEO Number:		Property ID:	
Water Usage Rate "Q Value" (gallo	ns per day):	Water Saving Device	s: YES NO
Source of Water: Private Well	Public Water Supply – Na	me·	
Single Family Residence: Num	iber of Bedrooms Squ	uare Footage Living Area	
Commercial/Institutional/Mul	ti-Family: Type:		
Name of Business or Institution: _			
No. of Employees/Occupants/Uni			
Site Evaluator:		•	
Designer:	TCI	EQ License # Exp Date & Type:	
Address:		Telephone:	
Installer:	TCE	Q License # Exp Date & Type:	
Address:		Telephone:	
Installer Email:			

(Signature of person performing evaluation)

Form# PA3/2-2004-Revised-Final

Site Location:			D	ate Performed:	
Proposed Exc	avation Depth	:			
REQUIREM	ENTS:				
dug pits must be below the propo	shown on the sit sed disposal fiel	must be performed on the site e drawing. For subsurface dis d excavation depth. For surfa	sposal, soil evaluations nace disposal, the surface	nust be performed to horizon must be eva	a depth of at least two f luated.
Describe eac	th soil horizon a	nd identify any restrictive fea	tures on this form. Indi	cate depths where fe	eatures appear.
Soil Boring Number:					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
l FT			,		
2 FT					
3 FT					
4FT					
SFT					
Soil Boring Number: Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
1 FT					
2FT					
3 FT					
4FT					
SFT					
ence of 100-v	ear flood zone		OF SITE AREA		YES/NO
ence of too-yo		•			YES/NO
-	sed water wel	eam, water impoundme l in nearby area (within			YES/NO YES/NO

Date

Registration Number / Type

Page 2 of 2 (Soil & Site Evaluation) Site Location: Surface Disposal _____ Subsurface 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



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Permit Number / SAFE ID		
Data		
Date		

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



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ON-SITE WASTEWATER SYSTEM CHECKLIST FOR DESIGNED SYSTEM

OWNER'S N	AME:
Site Address:	
Marshal's Of	g information must be included with the design package for review by the Van Zandt County Fire fice. 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
Profes submi	ssional Engineer. The address and telephone number of this person must also be included in the ttal.
• A repo	ort must be included in the submittal containing the following information:
• Consti	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 ruction Drawings must include the following information and cannot be hand drawn:
0 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	umber: Email:



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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:	N		
AGENT IDENTIFICATIO	N 	Title:	
Physical Address:		City, State:	Zip:
Mailing Address:		City, State:	Zip:
Phone:	Email:		
DOB:	DL/ID#	State:	Exp:
(Initial at least one that appliance of the An Officer of the An agent of the about authority to rep		Liability Company, nonprofit on above listed title I have such the entity in this matter. T THE AGENT THAT SHOU	corporation listed above; or a responsibility that have the
Agent Signature		Date	

SUBMIT APPLICATIONS and Fee to:

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



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 on-site sewage disposal system 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.



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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."

<u>THE INFORMATION ABOVE HAS BEEN PROVIDED TO N</u>	<u>ME ACCORDING TO SECTION 285.39(N)-(2)</u>
(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 w/ l		
Professional design required: Yes	No (If yes, professional design atta	ched: Yes No)
I. SEWER (House Drain)		
Type and Size of Pipe	Slope of Sewer Pip	e to Tank
II. DAILY WASTEWATER U	SAGE RATE: Q =	(Gallons per day)
Water Saving Devices: Yes	No	
		NG UNIT OTHER
III. TREATMENT UNIT: SI		
	iquid Depth (bottom of tank to outlet)	1
Size Required(gallons)		11
	Model # Distr	
	Pretreatment tank required:	
Aerator Model	Serial #	
IV. DISPOSAL SYSTEM		
Type: Conventional Panels E-Z LayLPD	S Surface Application Drip _	Gravel-less Pipe
Area Required:	Area Proposed:	
V. ADDITIONAL INFORMATION MOTE: THIS INFORMATION MOTE: THIS INFORMATION MOTE: THIS INFORMATION MOTE IN EVALUATION MOTE INFORMATION MOTE INFORM	IUST BE ATTACHED FOR REVIION DETAILS THOSE ITEMS THAT M	
Designer's Signature	Registration Number	Date

AFFIDAVIT

THE COUNTY OF <u>VAN ZANDT</u> STATE OF TEXAS CERTIFICATION OF ON-SITE SEWAGE FACILITIES REQUIRING MAINTENANCE

According to the Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Official Public records of <u>Van Zandt</u> County, Texas.

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), 5.012 and 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 owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, TCEQ requires an Official Public Record recording. Additionally, the owner must provide proof of the recording to the local OSSF permitting authority. This document is not a representation or warranty by the TCEQ or the local permitting authority of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ or the local permitting authority that the appropriate OSSF was installed.

Before me, the undersigned authority, on this day personally appeared (landowner's printed name): who after being by me duly sworn, upon oath states that he/she is the owner/owner's agent of record of that certain tract, lot, or parcel of land lying and being situated in Van Zandt County Texas, and being more particularly described as follows:

Abstract #	, Survey Name			Acreage	
Land Records Reference, Vo	olume Page _	GOE #			
LOTBLOCK	SUBDIVISION	N		UNIT #	
911 ADDRESS					
OR Attach Metes and Bound	ds Property Description				
property. This OSSF must b THSC 366.0515 and TAC 2 contract (or equivalent comp above-described property, re equivalent compliance docu transferred. Neither the main For more information above the compliance of	e inspected once every four in the state of the permit and pe	months. Inspection and to an existing inspection AC 285) to the local pet it for the OSSF to the bist be submitted to the pwner may alter the OSS surface application on-Texas.	maintenance on the contract expires, to trmitting authority. The contract expires, to trmitting authority and the contract expires and the contrac	P1(12) is proposed to be installed on this is OSSF must be done in accordance with the property owner must submit a renewal. The owner will, upon sale or transfer of the and a new, signed maintenance contract (or within 30 days after the property has been out prior approval of the permitting authority atment systems, please contact the Texas	7.
Owner's Signature				_	
					J
(Owner's Printed Nam	e)				
				(Notary Public, State of Tex (Signature and Se	

Van Zandt County Fire Marshal

TESTING AND REPORTING RECORD

This testing and reporting record **shall** be complete and dated after each inspection. A copy will be retained by the Maintenance Company or Homeowner performing the inspection. A copy of the inspection **shall** be sent to the Permitting Authority, <u>Van Zandt County Fire Marsha's Office</u>, within **14 days** of inspection. If a Maintenance Company performed the inspection, a copy **shall** be sent to the system owner.

1. Required frequency of maintenance check and test – every four (4) months

	a. Actual date of test	
2.	System inspection: a. Property address b. Permit number c. Person performing inspection d. Signature and license number (if applicable) e. Company name, address, and telephone number (if applicable)	olicable)
3.	Inspected items Operational Inoperati	/e
	 a. Aerators b. Filters c. Irrigation pumps d. Recirculation pumps e. Disinfection device f. Chlorine supply g. Electrical circuits h. Distribution system i. Spray field vegetation j. Other as noted 	
4.	Repairs to system (list all repairs)	
5.	Access ports secured after maintenance and inspection complet If not explain	ed Yes No
6.	Test: Cl level in pump tank: method used: Sludg	e level in pump tank"
	*All other test list on back	

RENEWAL SERVICE POLIC FOR AN ON-SITE SEWAGE FACILITY TREATMENT SYSTEM

Purcha	aser/Property Owner:	Permit	#
		(Print Name)	
I.		, agree to provide a RENEWAL se	rvice contract to the above-named
		wage Facility (OSSF). This contrac	
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 co	onsisting of a visual check for color,	turbidity, scum, and overflow, an
	examination for odors and a CHI	LORINE RESIDUAL TEST	
3.		is responsible for keeping the	he proper type of chlorine tablets in the
	(Print)		
	chlorinator at all times		
4.	Problem/complaint calls from the	e property owner shall be responded	to within 48 hours of notification to
	this maintenance company		
5.	The CERTIFIED REPRESENTA	ATIVE for servicing, testing, and rep	porting on this system is:
	, Certification #		
	(Print)		
		SIBLE FOR HAVING A MAINTE	NANCE CONTRACT IN EFFECT AT
<u>ALL T</u>	<u>rimes.</u>		
	end of this renewal contract, a con ased from any certified person/com	=	s comparable to this contract, may be
abuse' hydrau oil, pa	" or the system, failure to maintain ulic load or organic design capabili	electrical power to the system, sew	le materials, chemicals, solvents, grease
pumpi		of-warranty parts, waste removal fro the installer/representative can be po	om the system "wasting or tank erformed for an additional charge by
Purch	naser/Property Owner:		Date:
T4 1	1/C	(Signature)	
ınstal	ier/Service Representative:	(Signature)	(Certification ID)
		(Signature)	(Continuation 11)
Date (of Approval:	Date Contract Exp	ires: