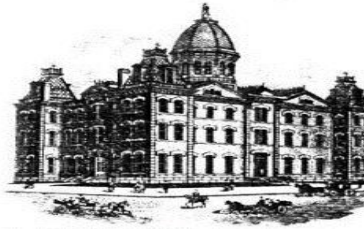


COUNTY OF PRESIDIO, TEXAS
ON-SITE SEWAGE FACILITY (OSSF)

COUNTY ORDER

Texas Commission on Environmental
Quality (TCEQ)
Region 6, El Paso



300 N. Highland
P. O. Box 606
Marfa, Texas 79843
432-729-4452
432-729-4453 fax

300 E. O'Reilly St.
(432)-229-3528
pcroadsrucv@co.presidio.tx.us

COUNTY OF PRESIDIO, TEXAS
ON-SITE SEWAGE FACILITIES (OSSF) ORDER
(TCEQ REGION 6)

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

**REMOVE AND RETAIN THIS PAGE PRIOR TO RETURNING THE APPLICATION
TO THE ADDRESS BELOW**

SINGLE FAMILY RESIDENTIAL FEE \$250.00

ALL OTHER TYPE SYSTEMS FEE \$450.00

(Commercial, including multifamily dwellings)

- Q Obtain an Application from the County of Presidio/Designated Representative.
- Q Have appropriate individual (Registered Site Evaluator) perform mandatory site/soil evaluation.
- Q Have appropriate individual prepare planning materials. Some systems require professional design (R.S., P.E.); refer to table IX-OSSF System Designation of the Title 30 TAC Chapter 285 OSSF.
- Q Submit completed application and technical information sheet (**in property owner's name**) with all pages intact to address below. **Include the appropriate fee and two copies each of the following: 1) planning materials, 2) site and soil evaluation and 3) accurate directions to the site must also be included.**
- Q Plans and application will be reviewed by County of Presidio, OSSF Designated Representative (DR). Non-standard systems may be reviewed by TCEQ staff in El Paso and/or Austin.
- Q Upon approval, an Authorization to Construct will be issued. The Authorization to construct is valid for one year from date of issuance.
- Q Begin construction. An inspection of the installation is required **before** covering of the system. Contact our office **at least 7 working days** in advance to arrange for inspection.
- Q After a successful inspection, a Notice of Approval will be issued to the owner within approximately 7 working days.
- Q **NOTE:** A re-inspection fee equal to ½ the permit amount must be paid by the installer for each time the system must be re-inspected. All fees must be paid before a Notice of Approval will be issued.

**ALL FEES ARE NON-REFUNDABLE AND SHALL BE PAID BY PERSONAL CHECK,
CASHIER'S CHECK OR MONEY ORDER. NO CASH WILL BE ACCEPTED.**

Make payment(s) to: County of Presidio-OSSF Order

Send Application and payment to:

A) County Judge, County of Presidio, Texas

P. O. Box 606 Marfa, TX 79843 Ph: (432)-729-4452 Fax: (432)-729-4453

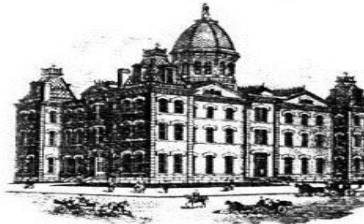
B) Rubén V. Carrasco (DR) for the County of Presidio – pcroadsrucv@co.presidio.tx.us

Ph: (432)-229-3528 Cell: (432)-386-0971

COUNTY OF PRESIDIO, TEXAS
ON-SITE SEWAGE FACILITY (OSSF)

COUNTY ORDER

Texas Commission on Environmental
Quality (TCEQ)
Region 6, El Paso



300 N. Highland
P. O. Box 606
Marfa, Texas 79843
432-729-4452
432-729-4453 fax

300 E. O'Reilly St.
(432)-229-3528
pcroadsrucv@co.presidio.tx.us

OFFICE USE ONLY

Application

No.: _____
Receipt No.: _____
Date: _____
Amount: _____

COUNTY OF PRESIDIO, TEXAS-ON-SITE SEWAGE FACILITIES (OSSF) ORDER
(TCEQ, REGION 6)

APPLICATION FOR OSSF NEW CONSTRUCTION AND/OR MODIFICATION

1.-New Installation _____ Modification _____ Repair _____

2.-Property Owner's Name: _____
(Last) (First) (Middle)

3.-Permanent Mailing Address: _____
(Street/P.O. Box) (City/Community) (State) (Zip Code)

Telephone: Home (____)-____-____; Work (____)-____-____

4.-OSSF Site Address: _____
(Street/P.O. Box) (City/Community) (State) (Zip Code)

5.-Legal Description of Property: Lot(s) _____, Block____, Subdivision_____

(It is required to attach copy of warranty deed, contract of sale and survey plat)

Other than Subdivision: Acreage____, Survey____, Block____, Township_____

6.-Source of Water: ____Private Well, ____Public Water Supply_____
(Name of Water Supplier)

TYPE OF DEVELOPMENT

7.-Single Family Residence: No. of Bedrooms____, Living Area (Sq. Ft.)_____

8.-Commercial/Institutional (including multi-family residence) Type: _____

No. of Employees/Occupants/Units: _____, Days Occupied per Week: _____

Estimated Maximum Daily Water Consumption (GPD):_____

9.-Is an organized sewage collection within 300 feet?: ____YES, ____NO

10.-Designer: _____, License No._____

Phone No.: (____)-____-____. (P.E. or R.S. No.)

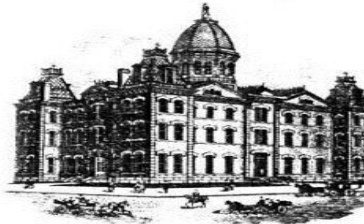
11.-Licensed OSSF Installer Name: _____, OSSF No._____

Phone No.: (____)-____-____. Installer Class: ____I, ____II.

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to Presidio County and Texas Commission on Environmental Quality (TCEQ) to enter upon the above described private property for the purpose of site evaluation and inspection of OSSF. I understand that the approval of this application constitutes authorization for construction of the OSSF and that a permit to operate it will be granted following successful inspection of the OSSF which indicates that the system was designed and installed in compliance with the County of Presidio-Construction Standards for On-Site Sewerage Facilities and TCEQ requirements.

12. _____, _____
Signature of Owner Date Signature of Installer Date

COUNTY OF PRESIDIO, TEXAS
ON-SITE SEWAGE FACILITY (OSSF)



300 N. Highland
P. O. Box 606
Marfa, Texas 79843
432-729-4452
432-729-4453 fax

COUNTY ORDER

Texas Commission on Environmental
Quality (TCEQ)
Region 6, El Paso

300 E. O'Reilly St.
(432)-229-3528
pcroadsrucv@co.presidio.tx.us

**COUNTY OF PRESIDIO, TEXAS - ON-SITE SEWAGE
FACILITIES (OSSF) ORDER TECHNICAL INFORMATION FOR PERMIT**

Application No.: _____

CAUTION: DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL. UNAUTHORIZED CONSTRUCTION CAN RESULT IN HIGHER PERMIT FEE OR CIVIL AND/OR ADMINISTRATIVE PENALTIES.

Owner name _____, City/Community _____

Professional design required?: YES, NO; If yes, attach copy of professional design

I.- SEWER (House Drain):

Type and size of pipe: _____, Slope of sewer pipe to tank _____

II.- SEPTIC TANK:

A. TYPE (check one):

Two compartment Two singles in series Tank construction material _____

B. INTERNAL DIMENSIONS:

Round tank diameter _____ Liquid penetration depth-inlet _____

Liquid depth (bottom of tank to outlet) _____ Liquid penetration depth-outlet _____

Rectangle tank length x width: _____

C. CAPACITY: Size required _____ Proposed _____

III. - SITE EVALUATION:

NOTE: SITE EVALUATION WORKSHEET MUST BE ATTACHED TO APPLICATION FOR REVIEW TO BE COMPLETED; SITE EVALUATION SHALL BE PERFORMED BY SITE EVALUATOR HOLDING VALID LICENSE.

Two copies of plan/plat are required. These plans must include the following:

Is site suitable for OSSF system? YES, NO; Soil Type: _____

Site evaluated by: _____, License No. _____, Tel : ()- -

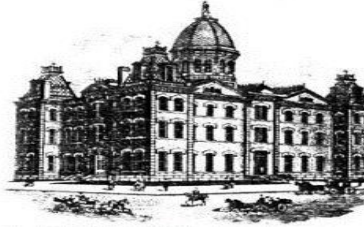
Two copies of plan/plat are required. These plans must include the following:

- | | |
|--|---|
| 1. Owner's Name | 6. Size (Length, width and square footage) of Bed or Trench and Drain field |
| 2. Lot Size | 7. Location and size of clean-outs |
| 3. Property Lines | 8. Water wells, including neighboring wells within 100 feet |
| 4. Septic Tank(s) Locations | 9. The following linear distances, if applicable |
| 5. Bed or trench and drain field locations | 10. Other as required |

FROM	TO SEPTIC TANK	TO DISPOSAL FIELD
Water wells, underground cisterns and pump suction pipes	_____	_____
Water supply lines and property lines	_____	_____
Streams, ponds and lakes	_____	_____
Sharp slopes and breaks	_____	_____
Foundations, structures and surface improvements	_____	_____
Disposal field's	_____	_____
Swimming pools	_____	_____

Designer/Installer's Signature _____ Registration No. _____ Date _____

COUNTY OF PRESIDIO, TEXAS
ON-SITE SEWAGE FACILITY (OSSF)
COUNTY ORDER



300 N. Highland
P. O. Box 606
Marfa, Texas 79843
432-729-4452
432-729-4453 fax

Texas Commission on Environmental
Quality (TCEQ)
Region 6, El Paso

300 E. O'Reilly St.
(432)-229-3528
pcroadsrucv@co.presidio.tx.us

COUNTY OF PRESIDIO OSSF ORDER
OSSF SOIL/SITE EVALUATION FORM

Date: _____

Application Number
(Office use only)

Applicant Information:

Name: _____
Address: _____
City: _____ State _____ Zip _____

Site Evaluator Information:

Name: _____
Address: _____
City: _____ State _____ Zip _____

Certification Number:

Property Location:

Lot _____ Block _____ Subdivision _____
Street/Road Address _____
County _____ Unincorporated Area? Y or N
Additional Information _____

Installer

Information:

Name: _____
Registration No. _____
Address: _____
City _____ State _____ Zip _____
Phone Number _____

Schematic of Lot or Tract

Show:

- Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and other structures where known.
- Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil absorption or irrigation area.
- Location of soil borings or dug pits (show location with respect to a known reference point).
- Location of natural, constructed, or proposed drainage ways, (streams, ponds, lakes, rivers, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks. Note presence of 100 year flood zone.
- Location of existing or proposed wells on site and existing wells on adjacent properties.
- Lot size: _____ acres

Compass North

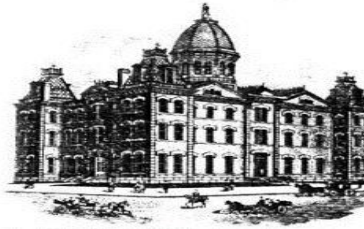
Site Drawing

Scale: 1 inch = 50 feet/or appropriate
(When required, attach applicable drawings)

Site Evaluator:

Name: _____ Signature: _____ Cert. No. _____

COUNTY OF PRESIDIO, TEXAS
ON-SITE SEWAGE FACILITY (OSSF)
COUNTY ORDER



300 N. Highland
P. O. Box 606
Marfa, Texas 79843
432-729-4452
432-729-4453 fax

Texas Commission on Environmental
Quality (TCEQ)
Region 6, El Paso

300 E. O'Reilly St.
(432)-229-3528
pcroadsrucv@co.presidio.tx.us

OSSF SOIL/SITE EVALUATION FORM

Requirements:

At least two soil evaluations must be performed on the site, at opposite ends of the proposed disposal area. Please show the results of each soil evaluation on a separate table. Locations of soil evaluations must be shown on the site drawing.

Proposed Excavation Depth: _____

For subsurface disposal, soil evaluations must be performed to a depth of at least two feet 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. Draw lines at the appropriate depths.

Depth (Feet)	Textural Class	Structure (if applicable)	Drainage Mottles / Water Table	Restrictive Horizon	Comments
0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____					

Depth (Feet)	Textural Class	Structure (if applicable)	Drainage Mottles / Water Table	Restrictive Horizon	Comments
0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____					

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

(Name and Signature of Site Evaluator)

(Phone Number)