

WINKLER COUNTY

P.O. Drawer Y

KERMIT, TX 79745

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

REMOVE AND RETAIN THIS PAGE PRIOR TO RETURNING THE APPLICATION TO THE D.R.

SINGLE FAMILY RESIDENTIAL FEE: \$210.00 ALL OTHER TYPE SYSTEMS FEE: \$260.00

1. Obtain an application package from the Winkler County D.R.
2. Have appropriate individual (Who has completed TCEQ approved site/soil evaluation course) perform mandatory site/soil evaluation.
3. Submit complete application and technical information sheet (in property owner's name) with **all pages intact**. Include the appropriate fee. **Please submit this information to the Winkler County D.R.**
4. Plans and application will be reviewed by the Winkler County D.R.
5. Upon approval an Authorization to Construct (ATC) will be issued. The ATC is valid for one year from the date of issuance.
6. Begin construction. An inspection of the installation is required before covering the system. Contact the Winkler County D.R. at least 5 working days in advance to arrange an inspection.
7. After a successful inspection, a Notice of Approval/License to Operate will be issued to the property owner within approximately 5 working days.
8. NOTE: A re-inspection fee of \$ 75.00 must be paid by the installer for each time the system must be re-inspected. All fees must be paid before the Notice of Approval will be issued.

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

DAVID PECK WINKLER COUNTY D.R.

4300 SPRINGDALE DR., ODESSA, TX 79762

432-889-6853 432-498-4005 FAX #

APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION AND MODIFICATION

NEW INSTALLATION
MODIFICATION

1. PROPERTY OWNERS NAME: _____
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: _____
3. DAYTIME PHONE NUMBER: _____
4. SITE ADDRESS: _____
5. LEGAL DESCRIPTION: Sec. _____ Block _____ Lot _____ Date _____
SUBDIVISION: _____
OTHER THAN SUBDIVISION: ACERAGE _____ SURVEY _____
6. SOURCE OF WATER _____ Private Well _____ Public Water Supply _____
(Name of Supplier)
7. SINGLE FAMILY RESIDENCE: Number of Bedrooms _____ Living Area (Sq. Ft.) _____
8. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE _____
9. SITE EVALUATOR _____
10. DESIGNER _____ LICENSE NUMBER _____
PHONE NUMBER _____
11. INSTALLER _____ REGISTRATION NUMBER _____
PHONE NUMBER _____

(*All related fees are non-refundable and shall be paid by personal check, cashier's check or money order. No cash accepted.)

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the DR 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)

ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

PERMIT # _____

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

OWNER'S NAME: _____
Professional design required? Yes No If yes, professional design attached? Yes No

1. **SEWER (House drain):**
Type and size of pipe: _____ Slope of sewer pipe to tank: _____

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

3. **TREATMENT UNIT:** _____ Septic Tank _____ Aerobic Unit

A. Tank Dimensions: _____ Liquid Depth (bottom of tank to outlet) _____

Size Required: _____ Size Proposed: _____

Manufacturer: _____ Material/Model #: _____

Pretreatment tank: Yes No N/A

B. Other: _____
(Please attach description)

4. **DISPOSAL SYSTEM:**

TYPE: _____

Area required: _____ Area proposed: _____

5. **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 Signature

Registration Number

Date

Date: _____

Permit Number: _____

Applicant Information:

Site Evaluator Information:

Name: _____

Name: _____

Address: _____

Address: _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Property Location:

Installer Information:

Lot _____ Block _____ Subdivision _____

Name _____

Street/Road Address _____

Company _____

County _____ Unincorporated Area? Yes No

Address _____

Additional Information _____

City _____ State _____ Zip _____

Phone Number _____

Fax Number _____

Schematic of Lot of Tract

Show:

*Compass North, adjacent streets, property lines, dimensions, location of buildings, easements, swimming pools, water lines, and other structures where known.

*Location of existing or proposed water wells within 100 ft/private or 150 ft/public of property.

*Indicate slope or provide contour lines from the structure to the furthest 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, rivers, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks.

*Lot size: _____ acres

Compass
North

Site Drawing

Scale: 1 inch = 50 feet

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? Yes No

Organized sewage service available to lot or tract? Yes No

ON-SITE WASTEWATER SYSTEMS CHECKLIST

OWNER'S NAME _____ PERMIT NUMBER _____

The following information must be included with the design package for review by the Designated Representative. Failure to include or address all of the following items may result in approval delays.

1. SITE EVALUATION: At least two soil borings/backhoe pits shall be taken in opposite ends of the area to be used for the soil absorption system and shall be excavated to a depth of 2 feet BELOW the proposed trench or to a restrictive horizon, whichever is less. Two copies of the test results and the drawing must be enclosed. The following information shall be included:
 - a. Soil texture analysis. List the texture type: _____
 - b. Soil structure analysis. List the structure type: _____
 - c. Depth of test. (Soils without at least 24" of suitable soil beneath the proposed drainfield shall be considered unsuitable.)
 - d. Restrictive horizon evaluation
 - e. Groundwater evaluation
 - f. Topography
 - g. Flood hazard
 - h. Vegetation
 - i. Easements and bodies of water (lakes, watercourses, etc.) must be identified.
 - j. All separation distances identified in Table X must be shown.
 - k. All water wells on this site and neighboring properties.

2. PLANNING MATERIALS: Two copies of the construction drawing must be enclosed and shall include the following information:
 - a. A detailed, legible site plan with boundary description (Aerobic systems required scale drawings, legal description of the lot, an Affidavit to the Public and Maintenance Agreement to be attached.)
 - b. The location of all buildings (existing or proposed) on the site plan.
 - c. The size and location of the wastewater treatment units and disposal area (include width & depth).
 - d. All water wells on this site and neighboring properties must be identified and located on the site plan.
 - e. Easements and bodies of water (lakes, watercourses, etc.) must be identified.
 - f. All separation distances identified in Table X must be shown.

OSSF SOIL EVALUATION FORM

Owner's Name _____

Physical Address _____

Name of Site Evaluator _____

Date Performed _____ Proposed Excavation Depth _____

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.

For subsurface disposal, soil evaluation must be performed to a depth of at least 2 ft below the proposed excavation depth.

Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depth.

Soil Boring Number _____

Depth (ft)	Textural Class	Structure (if applicable)	Drainage Mottles/Water Table	Restrictive Horizon	Comments
-0-					
-1-					
-2-					
-3-					
-4-					
-5-					
-6-					
-7-					

Soil Boring Number _____

Depth (ft)	Textural Class	Structure (if applicable)	Drainage Mottles/Water Table	Restrictive Horizon	Comments
-0-					
-1-					
-2-					
-3-					
-4-					
-5-					
-6-					
-7-					

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

(Signature of Site Evaluator)

OSSF Registration Number

Diagram Sheet

