

COMANCHE COUNTY
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION AND MODIFICATION

New Installation _____
Modification _____

Application # _____
Date _____
Amount _____

1. PROPERTY OWNER'S NAME: _____
(Last) (First) (Middle)

2. PERMANENT MAILING ADDRESS: _____

3. TELEPHONE NO. DURING DAY: _____

4. SITE ADDRESS: _____

5. LEGAL DESCRIPTION: Sec. _____ Block _____ Lot _____ Date _____

SUBDIVISION: _____

OTHER THAN SUBDIVISION: ACREAGE _____ SURVEY _____

6. SOURCE OF WATER: _____ Private Well
_____ Public Water Supply _____
(Name of Supplier)

7. SINGLE FAMILY RESIDENCE: # of Bedrooms _____ Sq. Ft. _____

8. COMMERCIAL/INSTITUTIONAL (including multi-family residence) _____

OF EMPLOYEES/OCCUP/UNITS _____ DAYS OCCUPIED PER WK _____

9. SITE EVALUATOR: _____ CERTIFICATION # _____

10. DESIGNER: _____ LICENSE # (PE OR RS) _____

PHONE NO.: _____

11. INSTALLER: _____ REGISTRATION NO. _____

PHONE NO.: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Comanche County On-Site Sewage Agent 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.

12. _____
(Signature of Owner)

(Date)

COMANCHE COUNTY
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

APPLICATION # _____

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

OWNER'S NAME: _____ COUNTY: _____

Professional design required: Yes No If yes, professional design attached: Yes No

I. SEWER (House Drain):

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

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

Water saving devices: Yes No

III. TREATMENT UNIT:

A. SEPTIC TANK:

Tank dimensions: _____ Liquid depth (tank bottom to outlet): _____

Size required: _____ Size proposed _____

B. AEROBIC:

Manufacturer: _____ Model #: _____

Size required: _____ Size proposed: _____

Pretreatment tank: Yes No

C. Other: _____

(PLEASE ATTACH DESCRIPTION)

IV. DISPOSAL SYSTEM:

Type: _____

Area required: _____ Area proposed: _____

V. ADDITIONAL INFORMATION: (Note – This information must be attached for review to be completed.)

A. Site evaluation

B. Planning materials

DESIGNER'S SIGNATURE REGISTRATION NO. Date

COMANCHE COUNTY
SITE EVALUATION AND PLANNING MATERIALS FOR AN ON-SITE SEWAGE FACT

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

Application No. _____

Applicant/ Site Information		Site Evaluator Information	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Phone No.		Phone No.	
County		County	

Additional Information

SITE EVALUATION: A minimum of two soil borings or backhoe pits must be excavated at opposite ends of the proposed disposal area. The borings or pits must be excavated to a depth of two feet below the proposed excavatic a restrictive horizon, whichever is less. The boring or pit locations must be indicated. This report shall include a groundwater evaluation, a surface drainage analysis, and all applicable minimum separation requirements.

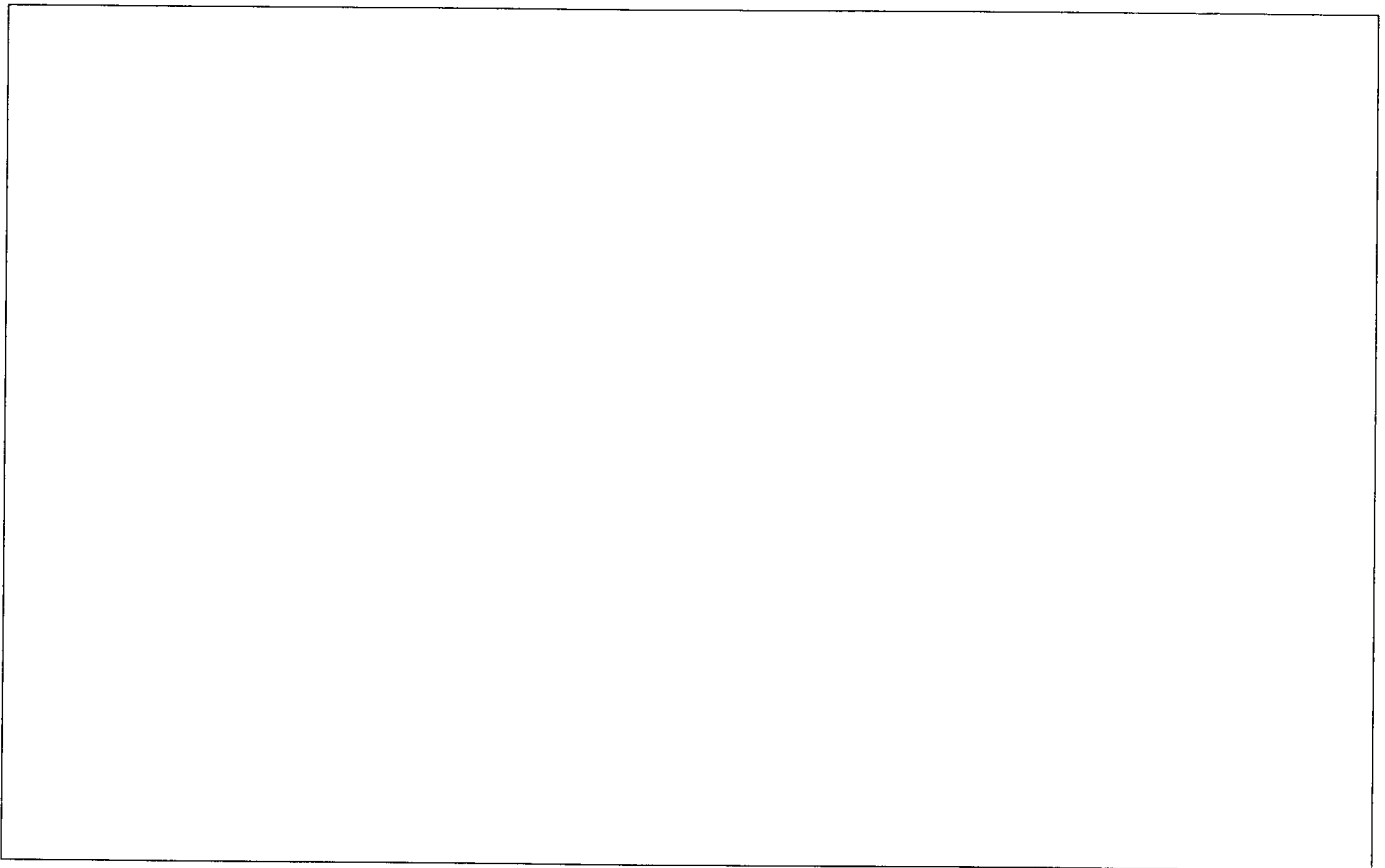
PLANNING MATERIALS: The proposed treatment and disposal system shall be prepared based on the site eval. The submittal requirements must include the following details.

- ___ A scale drawing of the on-site sewage facility, showing all structures served.
- ___ Submittals prepared by a professional engineer or professional sanitarian must be sealed, dated, and signed.
- ___ Proposed designs must comply with all separation distances identified in Table X.
- ___ A sectional view of the tanks, including pump tanks, and excavations must be submitted.

Soil Boring/Backhoe Pit Number _____						
Depth (Feet)	Soil Class	Gravel Analysis	Restrictive Horizon	Groundwater	Topography	Flood Hazard
0 _____						
1 _____						
2 _____						
3 _____						
4 _____						
5 _____						
6 _____						
7 _____						

Soil Boring/Backhoe Pit Number						
Depth (Feet)	Soil Class	Gravel Analysis	Restrictive Horizon	Groundwater	Topography	Flood Hazard
0 _____						
1 _____						
2 _____						
3 _____						
4 _____						
5 _____						
6 _____						
7 _____						

Schematic of Lot or Tract / Site Drawing
 Scale: 1 inch = 50 feet/or appropriate



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

Signature: _____
 (Site Evaluator)

Date: _____

THE COUNTY OF COMANCHE
STATE OF TEXAS

AFFIDAVIT OF 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 Comanche County, Texas.

I

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

II

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code Sec. 285.91 (12) will be installed on the property described as: (Insert legal description)

Recorded in Vol _____ Page _____

(OVER)

The property is owned by: (insert owner's full name)

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company, and a signed maintenance contract must be submitted to Comanche County within 30 days after the property has been transferred.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from Comanche County.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, _____

(Owner(s) signatures(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, _____.

Notary Public, State of Texas

Notary's Printed Name:

My Commission Expires:

COMANCHE COUNTY
ON-SITE SEWAGE FACILITY PROGRAM
COUNTY JUDGE'S OFFICE
101 W. CENTRAL
COMANCHE, TX 76442
325-356-2466

DATE: _____

PROPERTY OWNER _____

MAILING ADDRESS _____

RE: Authorization to Construct an On-Site Sewage Facility Located at

OSSF Permit Application Number _____

This serves to notify all persons that an on-site sewage facility application, related technical information, and the appropriate fee have been received by Comanche County. The application has been reviewed for administrative and technical consideration against the minimum standards established by the Texas Commission on Environmental Quality (TCEQ). Authorization is hereby granted for the construction as shown on the submitted plans and is based on the information provided in the application. Any alterations to the approved planning materials will require approval by the Comanche County inspector prior to installation.

COMMENT SECTION

You or your installer must contact the Comanche County inspector, Mack Thedford 254-842-7178, FIVE (5) WORKING DAYS PRIOR to completion to schedule the required facility inspection. The authorization to construct is valid for one year from the date of issue. **If a final inspection has not been performed within one year of issue, a new application and fee will be required.**

If you have any questions, or if we may be of assistance to you, please contact the Comanche County Judge's office at the above number.

Signature of County Inspector

Inspector's License Number

Comanche County On-Site Sewage Inspector-Designated Representative

Installer's Signature

COMANCHE COUNTY
ON-SITE SEWAGE FACILITY PROGRAM
INSTALLATION INVESTIGATION REPORT
SURFACE SPRAY APPLICATION

DATE _____

Property Owner		Permit Number	
Region Number		Installer Name & License Number	
Investigator		Site Evaluator Name & License Number	
Designer Name & License (P.E. or R.S.)			

All "No" Answers Require Comments

I. SITE AND SOIL CONDITIONS & SET BACK DISTANCES		Y	N
Site and Soil Conditions Consistent with Submitted Planning Materials §285.30 & §285.31			
Setback Distances Meet Minimum Standards §285.30 (b)(4), §285.31(d) & §285.91(10)			
II. SEWER PIPE §285.32(a)(1-7)		Y	N
Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch 40, SDR 26) §285.32(a)(1)			
Slope from the Sewer to the Tank at least 1/8 Inch Per Foot §285.32(a)(3)			
Two Way Sanitary-Type Clean-out Property Installed (Add. C/O Every 50' &/ or 90° bends) §285.32(a)(5)			

III. PRETREATMENT (Liquid Depth Not Less Than 30") §285.32(b)(1)(A)-(G)		Y	N
Is Pretreatment installed if required? TCEQ Approved List §285.32(b)(1)(G)			
Installed on 4" Sand Cushion/Proper Backfill Used §285.32(b)(1)(F)			
Grease interceptors if required for commercial §285.34(d)			
Approved effluent filter in place if required T §285.34(a)			
Tank Volume Required	Gallon	Tank Volume Installed	Gallon
Tank Material (Type)		Manufacturer	

IV. AEROBIC TREATMENT UNIT		Y	N
Is Aerobic Unit Installed According to Approved Guidelines? §285.32(c)(1)			
Chlorinator Properly Installed with Chlorine Tablets in Place §285.33 (c)(3)(B)			
Maintenance Tag in Place §285.7(d)(2)			
Unit Size Required	Gpd	Unit Size Installed	gpd

Manufacturer of Aerobic Treatment Unit:

Unit Model Number	Aerator Model Number
Unit Serial Number	Aerator Serial Number

NOTE: COPY OF MAINTENANCE CONTRACT MUST BE FILED BEFORE APPROVAL IS GRANTED

**ON-SITE SEWAGE FACILITY PROGRAM
INSTALLATION INVESTIGATION REPORT
STANDARD SYSTEM**

Date: _____

Property Owner		Permit Number	
Region Number		Installer Name & License Number	
Investigator		Site Evaluator Name & License Number	

All "No" Answers Require Comments

I. SITE AND SOIL CONDITIONS & SET BACK DISTANCES		Y	N
Site and Soil Conditions Consistent with Submitted Planning Materials	§285.30 & §285.31		
Setback Distances Meet Minimum Standards	§285.30 (b)(4), §285.31(d) & §285.91(10)		
II. SEWER PIPE §285.32(a)(1-7)		Y	N
Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch 40, SDR 26)	§285.32(a)(1)		
Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	§285.32(a)(3)		
Two Way Sanitary-Type Clean-out Property Installed (Add. C/O Every 50' &/ or 90° bends)	§285.32(a)(5)		

III. SEPTIC TANK §285.32(B)(1)(a)-(f) AND 285.91 (2)		Y	N
Septic tank(s) meet minimum requirements (tank volume; water tight seal inlet And outlet devices; baffles and series tanks; inspection and clean-out ports; Design and construction materials current ASTM C 1227 Standards; risers and installation of tanks)			
Tank Volume Required	Gallons	Tank Volume Installed	Gallons
Material of tank installed		Manufacturer of tank installed	
Inlet Flow-line Greater than 3" and "T" Provided on Inlet and Outlet		§285.32(b)(1)(B)	
If Single Tank, are 2 Compartments Provided with Baffle		§285.32(b)(1)(C)(1)	
Inspection/Clean-Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		§285.32(b)(1)(D)	
Tank(s) Watertight		§285.32(b)(1)(E)	
Tank(s) Clearly Marked		§285.32(b)(1)(E)(iv)	
Outlet Liquid Penetration 25% to 50% Total Liquid depth at lease 30"		§285.32(b)(1)(A) & §285.32(b)(1)(C)(1)	
Greater that ½ of Total Volume in Primary Tank or Compartment (1/3 for Tank 3)		§285.32(b)(1)(C)(ii)	
Minimum 12 inch drop from the bottom of the outlet pipe to the bottom of the disposal area		§285.32(b)(1)(F)	

IV. DRAINFIELD CRITERIA FOR EFFLUENT DISPOSAL SYSTEM §285.33(B)	
Absorptive Drain-line	___ 3" PVC ___ 4" PVC ___ N/A ___ 8" or ___ 10" Gravel-less Pipe
___ Leaching Chambers	Manufacturer:

COMANCHE COUNTY
ON-SITE SEWAGE FACILITY PROGRAM
INSTALLATION INVESTIGATION REPORT
STANDARD SYSTEM

Property Owner		Permit Number	
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IV. DRAINFIELD (Continued)			
Area Required:		Area Installed:	
Standard §285.33(b)(1)(A)(vii)		Standard §285.33(b)(1)(A)(vii)	
Gravel-less §285.33(c)(1)(C)		Gravel-less §285.33(c)(1)(C)	
Leaching Chambers §285.33(c)(2)(A)(i) or (ii)		Leaching Chambers §285.33(c)(2)(A)(i) or (ii)	
Excavation Width §285.33(b)(1)(A)(iv)		Excavation Depth §285.33(b)(1)(A)(i) & (ii)	
Excavation Separation §285.33(b)(1)(A)(iii)		Multiple Excavations §285.33(b)(1)(A)(iii)	
Depth of Porous Media §285.33(b)(1)(D)		Type f Porous Media §285.33(b)(1)(B)(i-ii)	
			Y N
Level to within 1 inch per 25 feet	§285.33(b)(1)(A)(y) & §285.33(c)(1)(B)		
Chanbers – Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers sped.).	§285.33(b)(1)(D)		
Pipe and Gravel – Geotextile Fabric in Place	§285.33(b)(1)(E)		
Gravel-less Pipe – Couplings, Endcaps, Off-Set Connectors, and Filter Wrap in Place	§285.33(c)(1)(B)		
Gravel-less Pipe – Inspection Port in Place	§285.33(c)(1)(B)		

COMMENTS:

Signature of County Inspector

Date

Inspector's License Number

COMANCHE COUNTY
ON-SITE SEWAGE FACILITY PROGRAM
INSTALLATION INVESTIGATION REPORT
SURFACE SPRAY APPLICATION

Property Owner		Permit Number	
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All "No" Answers Require Comments

V. PUMP TANK				Y	N
Is the Pump Tank an approved concrete tank or other acceptable materials & construction?		§285.32(b)(1)(E)(i) §285.34(b)			
Sampling Port Provided in the Treated Effluent Line		§282.33(d)(2)(G)(iv)			
Check Valve an/or Anti-Siphon Device Present When Required		§285.34(b)(1)			
Audible and Visual High Water Alarm Installed on Separate Circuit From Pump		§285.34(b)(1)			
Full Day + 1/3 Day low When Property Line Setbacks are <20' And Irrigation Timers installed if Required; Required reserve capacity present		§285.34(b)(2) §285.33(d)(2)(G)(iii)(I)			
Elec. Connections in Approved Junction Boxes/Wiring Buried		§285.34(c)			
Tank Volume Required	Gallon	Tank Volume Installed	Gallon		
Tank Material (Type)		Manufacturer			
Pump Model Number		Pump Serial Number			
Type/Size of Pump Installed	Hp	New	Used	Unknown	

VI. APPLICATION AREA §285.33(d)(1) & (2)				Y	N
Low Angle Nozzles Used, Pressure is as required		§285.33(d)(2)(G)(1)			
Acceptable area, nothing within 10 ft. of sprinkler heads?		§285.33(d)(2)(A)			
The landscape plan is as designed		§285.33(d)(2)(F)			
Distribution Pipe, fitting, sprinkler heads & valve covers color coded purple?		§285.33(d)(2)(G)(i-v)			
Minimum Area Required	(sq ft)	Area Installed	(sq ft)		

COMMENTS:

Signature of County Inspector

Date

Inspector's License Number

COMANCHE COUNTY
NOTICE OF APPROVAL
OF
ON-SITE SEWERAGE FACILITY
Permit # _____

PROPERTY OWNER _____

MAILING ADDRESS _____

PROPERTY LOCATION _____

This serves to notify all persons that the on-site sewerage facility owned by the above has satisfied design, construction, and installation requirements of Comanche County. The Comanche County On-Site Sewerage Facility Permit is issued for the operation of the above-identified on-site sewerage facility.

ANY MODIFICATIONS TO THE SYSTEM COMPONENTS MAY REQUIRE A NEW PERMIT. The owner must notify this office of the aforementioned changes.

ADDITIONAL INFORMATION:

Inspector

Date