CITY OF WAXAHACHIE ENVIRONMENTAL HEALTH DEPARTMENT
401 S. ROGERS · P.O. BOX 173 · WAXAHACHIE, TEXAS 75168
PHONE: (972) 937-7330 EXT. 151 · FAX: (972) 937-0748

City Use Only
Application No.
Date
Amount

APPLICATION FOR ON-SITE SEWAGE FACILITY NEW CONSTRUCTION AND MODIFICATION

1. Property Owner's Name: _____ (Last) (First) (Middle)
2. Current Mailing Address: _____
3. Telephone No. During Day: _____
4. 911 Site Address: _____
5. Legal Description: Sec. _____ Block _____ Lot _____ Plat Date ___/___/___
   Subdivision: _____
   Other Than Subdivision: Acreage _____ Survey _____
6. Physical Location/Directions To Site: _____
   _____
7. Source Of Water: ___ Private Well Public Water Supply _____ (Name Of Supplier)
8. Single Family Residence: No. Of Bedrooms _____ Living Area (sq ft) _____
9. Commercial / Institutional (including multi-family residences) Type: _____
   No. Of Employees / Occupants / Units: _____ Days Occupied Per Week: _____
10. Site Evaluator: _____ Certification No.: _____
11. Designer: _____ License No. (PE or RS): _____
    Phone No.: _____
12. 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 City of Waxahachie to enter upon the above described property for the purpose of lot evaluation and inspection of the 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 City's and TNRCC's On-Site Sewage Facility Rules, TAC 30 Chapter 285.

_____ (Signature Of Owner)

_____ (Date)

Dulworth Septic Services
PO Box 245
Red Oak, Tx. 75154

AFFIDAVIT

THE COUNTY OF _____

STATE OF TEXAS

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 _____ County Texas.

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) t regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commiss primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out t powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety Code, requir owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this ends the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitti authority. This recorded affidavit is not a representation or warranty by the commission or the Permitting Authority of the suitabili of this OSSF, nor does it constitute any guarantee by the commission or the Permitting Authority that the appropriate OSSF w installed.

II.

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the propert described as the following:

Lot_____, Block _____, Subdivision _____, Unit #_____

Acreage_____, Survey Name _____, Abstract _____, Deed Volume _____, Page _____

Tract _____, Section _____, GEO Number: _____

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

This OSSF shall be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owne of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 10 days or maintain th system personally.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A cop of the planning materials for the OSSF may be obtained from the Permitting Authority.

WITNESS BY HAND(S) ON THIS____ DAY OF_____, _____.

_____ (Owner signature(s))

_____ (Owner(s)signature(s))

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

_____
Notary Public, State of Texas
Notary's Printed Name
My Commission Expires:
NOTARY SEAL BELOW: