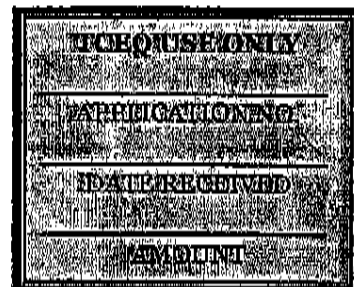


Texas Commission on Environmental Quality  
APPLICATION FOR ON-SITE SEWAGE FACILITY  
NEW CONSTRUCTION



TCEQ REGION NUMBER: 5

COUNTY OF INSTALLATION: ANDERSON COUNTY

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

2. CURRENT MAILING ADDRESS: \_\_\_\_\_

3. HOME PHONE No.: \_\_\_\_\_ OTHER or FAX No.: \_\_\_\_\_

4. 911 SITE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

5. PROPERTY LEGAL DESCRIPTION: \_\_\_\_\_

ACREAGE: \_\_\_\_\_ PLAT DATE: \_\_\_\_\_ SUBDIVISION NAME (IF APPLICABLE): \_\_\_\_\_

**\*\*PLEASE ATTACH VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY,  
OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION\*\***

6. DIRECTIONS TO SITE: \_\_\_\_\_

7. SOURCE OF WATER:  PRIVATE WELL  PUBLIC WATER SUPPLY NAME: \_\_\_\_\_

8. SINGLE FAMILY RESIDENCE: No. OF BEDROOMS: \_\_\_\_\_ LIVING AREA (sq ft): \_\_\_\_\_

9. COMMERCIAL/INSTITUTIONAL/MULTI-FAMILY TYPE: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

RESPONSIBLE OFFICIAL: \_\_\_\_\_ NO. OF EMPLOYEES/UNITS: \_\_\_\_\_

10. SITE EVALUATOR: \_\_\_\_\_ LICENSE NO./TYPE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ OTHER or FAX NO.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

11. INSTALLER: \_\_\_\_\_ LICENSE NO./TYPE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ OTHER/FAX NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Texas Commission on Environmental Quality to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

SIGNATURE OF INSTALLER OR DESIGNER: \_\_\_\_\_ DATE: \_\_\_\_\_

Texas Commission on Environmental Quality

ON-SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR  
PERMIT

(ATC) AUTHORIZATION TO CONSTRUCT GRANTED BY: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (ATC) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS "**AUTHORIZATION TO CONSTRUCT**", BASED ON PLANNING MATERIALS RECEIVED BY THIS DATE.

(AO) INSPECTED AND APPROVAL TO OPERATE GRANTED BY: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (AO) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS "**NOTICE OF APPROVAL TO OPERATE**", BASED ON FINAL SYSTEM INSPECTION, TO INCLUDE ANY APPROVED CHANGES OR MODIFICATIONS MADE AFTER RELEASE OF AUTHORIZATION TO CONSTRUCT.

**DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT. UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.**

*If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at your local regional office or at 512-239-3799. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512-239-3282.*

**\*\*\*ALL PERMIT FEES ARE NON-REFUNDABLE—ONE PERMIT PER SYSTEM\*\*\***

**SUPPLEMENTAL INFORMATION  
ON-SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR PERMIT**

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL**

All Blanks Must Be Completed (Use N/A if Not Applicable)

**PROPERTY OWNER'S NAME:** \_\_\_\_\_

Professional design required:  Yes  No

If yes, is professional design attached:  Yes  No

**I. Sewer (House Drain):**

Type and size of pipe: \_\_\_\_\_ Slope of sewer pipe to tank: \_\_\_\_\_  
(1/8 inch per foot minimum)

**II. Treatment/Pump Tank Unit:**

Septic Tank (two compartments)

Septic Tank (series)

Aerobic Unit

Pretreatment Tank

Pump Tank

**A. Pretreatment Tank Gallons/Size:** \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Material/Shape: \_\_\_\_\_

**B. Secondary Treatment Unit Gallons/Size:** \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

**C. Pump Tank Gallons/Size:** \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Material/Shape: \_\_\_\_\_

Commercial timer required:  Yes  No

**D. Septic Tank Gallons/Size:** \_\_\_\_\_ Material/Shape: \_\_\_\_\_

Liquid Depth (tank bottom to outlet): \_\_\_\_\_ Manufacturer: \_\_\_\_\_

If Series Tanks:

Septic Tank(2) Size: \_\_\_\_\_ Material/Shape: \_\_\_\_\_

Liquid Depth (tank bottom to outlet): \_\_\_\_\_ Manufacturer: \_\_\_\_\_

**E. OTHER (List):** \_\_\_\_\_

**III. DISPOSAL SYSTEM:**

Type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Pipe Sizes/Amounts: \_\_\_\_\_

Area required: \_\_\_\_\_ Area proposed: \_\_\_\_\_

\_\_\_\_\_  
DESIGNER'S SIGNATURE

\_\_\_\_\_  
REGISTRATION NO.

\_\_\_\_\_  
DATE

**NOTE: This form is provided as a supplemental form and is not needed if all the information above is listed in the planning materials.**

PA6/2-2004-Revised-Final

Page 1 (Soil & Site Evaluation)

Date Performed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Owner: \_\_\_\_\_

Site Location: \_\_\_\_\_ Proposed Excavation Depth: \_\_\_\_\_

**REQUIREMENTS:**

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil borings or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed disposal field excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on this form. Indicate depths where features appear.

Soil Boring Number:					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

Soil Boring Number:					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

**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 (within 150 feet)  Yes  No
- Ground Slope \_\_\_\_\_ %

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

\_\_\_\_\_  
 (Signature of person performing evaluation)  
 Form # PA3/2-2004-Revised-Final

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 Registration Number and Type

Date Performed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Site Location: \_\_\_\_\_

Subsurface Disposal     Surface 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.

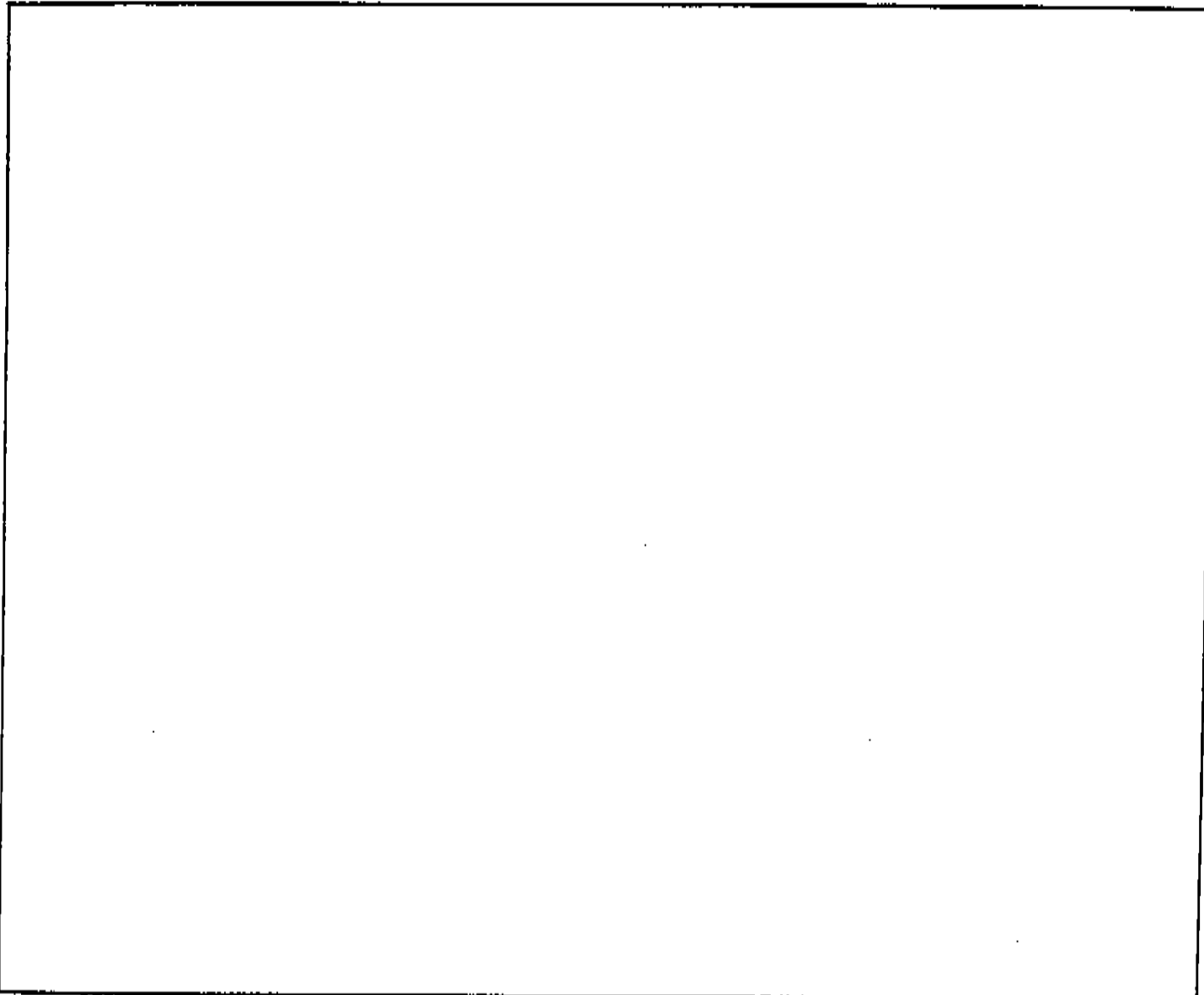
Indicate slope or provide contour lines from the structure to the farthest location of the proposed disposal field.

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**



**AFFIDAVIT TO THE PUBLIC**

THE COUNTY OF \_\_\_\_\_  
STATE OF TEXAS

According to Texas Commission on Environmental Quality (TCEQ) Rules for On-Site Sewage Facilities (OSSFs), 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) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), §5.012 and §5.013, gives the commission 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 commission, 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, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

**II**

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

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 owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the 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 copy of the planning materials for the OSSF may be obtained from the TCEQ.

WITNESS BY HAND(S) ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
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:

# **TWO YEAR INITIAL SERVICE POLICY FOR AN ON-SITE SEWAGE FACILITY TREATMENT SYSTEM**

3.

Property Owner: \_\_\_\_\_ Permit #: \_\_\_\_\_  
(Print)

Site Address: \_\_\_\_\_

I, \_\_\_\_\_ agree to provide an *initial* **TWO-YEAR** service contract to the above named property owner as a part of the On-Site Sewage Facility original installation price. This contract shall provide the following:

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 consisting of a visual check for color, turbidity, scum and overflow, an examination for odors and **A CHLORINE RESIDUAL TEST.**
3. \_\_\_\_\_ is responsible for keeping the proper type chlorine in the  
(Print)  
chlorinator at all times.
4. Problem/complaint calls from the property owner shall be responded to within \_\_\_ hours of notification to this maintenance company.
5. The **CERTIFIED REPRESENTATIVE** for servicing, testing and reporting on this system is:

\_\_\_\_\_  
(Print name and address) (Certification #)

**THE PROPERTY OWNER IS RESPONSIBLE FOR HAVING A MAINTENANCE CONTRACT IN EFFECT AT ALL TIMES.**

At the end of this initial two-year contract, a continuing service contract, with terms comparable to this initial contract, may be purchased from any certified person/company.

This warranty/service contract does not cover the cost of service calls, labor or materials which are required due to **"misuse or abuse"** of the system, failure to maintain electrical power to the system, sewage flows exceeding the estimated hydraulic load or organic design capability, the disposal of non-biodegradable materials, chemicals, solvents, grease, oil, paint, etc., or of any usage contrary to the requirements listed in the owner's manual or as advised by the authorized service representative.

Additional services, replacement of out-of-warranty parts, waste removal from the system **"wasting or tank pumping"** and other services offered by the installer/representative can be performed for an additional charge by written request.

Property Owner \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Installer/Service Representative \_\_\_\_\_  
(Signature) (Certification #)

Date of Approval \_\_\_\_\_ Date Contract Expires \_\_\_\_\_