



APPLICATION FOR ON-SITE SEWAGE FACILITY FOR NEW CONSTRUCTION

1. Property Owner's Name: _____
2. Current Mailing Address: _____
3. Daytime Telephone No.: _____
4. Site Address: _____
5. Legal Description: Lot: _____ Block: _____ Subdivision: _____
Survey: _____ Abstract No.: _____
6. Source of Water: Private Well [] Public Water Supply [] (name) _____
7. Single Family Residence: No. of bedrooms: _____ Living Area SQ: _____
8. Commercial/Institution (including multi-family residences) Type: _____
9. Site Evaluator: _____ License No: _____
Phone No: _____
10. Designer: _____ License No. (PE or RS): _____
Phone No: _____
11. Installer: _____ License No: _____
Phone No: _____
12. _____ (Signature of Owner) _____ (Date)

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

**Do not begin construction prior to application approval.
Unauthorized construction can result in civil and/or administrative penalties**

Owners 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: Septic Tank Aerobic Unit

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

Size required: _____ Size proposed: _____

Manufacturer: _____ Material/Model #: _____

Pretreatment tank Yes size _____ (gal) No N/A

B. 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. Soil/Site Evaluation

B. Planning Materials

The attached checklist details those items that must be addressed under each of these categories.

Designers Signature

License No.

Date

Date: _____

Application Number: _____

Applicant Information:

Site Evaluator Information:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ ST _____ Zip _____

City _____ St _____ Zip _____

Property Location:

Installer Information:

Lot ____ Block ____ Subdivision _____

Name: _____

Street/Road Address _____

Registration No. _____

County _____ Unincorporated Area? Y or N

Address _____

Additional Information _____

City _____ ST _____ Zip _____

Phone No. _____

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 proved 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, rives, 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

Site Evaluator:

Name _____ Signature _____ Cert. No. _____

OSSF SOIL EVALUATION FORM

Date Performed: _____

Owner's Name: _____

Physical Address: _____

Name of Site Evaluator: _____

Proposed Excavation Depth: _____

At least two soil evaluations must be performed on the site, at opposite ends of the 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 evaluations must be performed to a depth of at least 2 ft. 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.

Soil Boring Number: _____ (if applicable) Drainage/Mottles Restrictive

Depth	Textural Class	Structure	Water Table	Horizon	Comments
12					
24					
36					
48					
60					

Soil Boring Number: _____

Depth	Textural Class	Structure	Water Table	Horizon	Comments
12					
24					
36					
48					
60					

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

Signature: _____

Address: _____

It should be understood that the test data and other information given in this report does not cover nor infer approval for the installation of the individual septic tanks system(s). The design, construction and installation is based upon the specific conditions affecting each lot or tract and must be subsequently approved by the City Septic Inspector.

AFFIDAVIT TO THE PUBLIC

**County of Johnson
State of Texas**

CERTIFICATION OF OSSF

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of Johnson 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), 5.012 and 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 owners 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 OSSF 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 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 (print 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.

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 JOHNSON COUNTY PUBLIC WORKS.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, 2____

Owner(s) Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 2____.

Notary Public, State of Texas
Notary's Printed Name:
My Commission Expires: