

**APPLICATION FOR ON-SITE
SEWAGE FACILITY PERMIT**



PERMIT# _____
 BLDG. PERMIT# _____
 RECEIPT# _____
 LICENSE FEE: \$ _____

For Use By County Administrator

DR NAME: _____ DR #: _____
 DATE GREEN TAG REL. _____ INITIAL: _____

DEPARTMENT OF DEVELOPMENT ENVIRONMENT SERVICES

The undersigned applicant hereby makes application for permit to construct, alter, repair, or operate an on-site sewage facility in Ellis County, Texas. Construction must be complete within one year from this date or the application becomes invalid.

Homeowner's Name: _____
 (Last) (First) (MI) (Phone)

Driver's License #: _____ State Issued: _____ Date of Birth _____

Mailing Address: _____
 (Number & Street) (City) (Zip)

Address of Property: _____
 (Number & Street) (City) (Zip)

If located in a subdivision: _____
 (Name of Subdivision) (Phase) (Block) (Lot)

Water Supplier (if individual well, show location and depth): _____ Property Size: _____

Proposed use of property (circle one): Single Family Mobile Home Commercial

No. of Bedrooms: _____ Bathrooms: _____ Occupants: _____ Bldg. Size: _____ sq. ft.

Applicant must submit the following: A site plan showing property lines, easements, slope, building and septic location, a soil analysis, performed by a certified site evaluator and a design of the proposed septic system.

Name of Registered Sanitarian or Registered P.E.: _____

Name of Installer: Matthew Dulworth Installer License # OS0008172 Exp. Date: 02/29/2020

Installer Phone Number: (972) 617-4100

Type of proposed septic sewage system: Aerobic Septic Brand Name: Aeris

Authorization hereby is given to Ellis County, Texas Department of Development, Texas Commission on Environmental Quality Commission, and their agents or designees, to enter upon the above described property during daylight hours for the purpose inspecting on-site sewage facilities, or for any reason consistent with the water quality program of the county and state. Applicant further understands that satisfactory performance cannot be guaranteed because of the many variables involved. Ellis County assumes no liability for the satisfactory operation of the applicant's system.

Applicant acknowledges that inspection of the septic system is required prior to all components being covered. Twenty-fourth (24) hours in advance notice must be given to the Department of Development at (972) 825-5200 when requesting an inspection. Saturdays, Sundays, and legal holidays do not constitute part of the notice.

SIGNATURE OF HOMEOWNER

DATE

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) 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, require 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 or the Permitting Authority of the suitability of this OSSF, nor does it constitute any guarantee by the commission or the Permitting Authority 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 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 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 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: