

FREESTONE COUNTY  
118 E. COMMERCE ST. RM 205  
Fairfield, Texas 75840  
903-389-3335 office  
903-389-3839 fax

COUNTY USE ONLY:  
APPLICATION NO. \_\_\_\_\_  
RECEIPT NO. \_\_\_\_\_  
DATE \_\_\_\_\_  
AMOUNT \$ \_\_\_\_\_

### APPLICATION FOR ON-SITE SEWAGE FACILITIES

1. PROPERTY OWNER'S NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: \_\_\_\_\_  
(STREET/PO BOX) (CITY/STATE) (ZIP)
3. TELEPHONE NO.: ( ) \_\_\_\_\_ HOME ( ) \_\_\_\_\_ WORK
4. 911 SITE ADDRESS: \_\_\_\_\_  
(STREET) (CITY/STATE) (ZIP)
5. PROPERTY DESCRIPTION: SURVEY: \_\_\_\_\_ PRECINCT # \_\_\_\_\_  
NUMBER OF ACRES: \_\_\_\_\_ SQUARE FOOTAGE OF PROPERTY \_\_\_\_\_ (IF LESS THAN 1 ACRE)  
LOT/BLK/SEC/SUBDIVISION (IF APPLICABLE): \_\_\_\_\_
6. SOURCE OF WATER: \_\_\_ PRIVATE WELL \_\_\_ PUBLIC WATER SUPPLY \_\_\_\_\_  
(NAME OF SUPPLIER)
7. SINGLE FAMILY RESIDENCE: NO. OF BEDROOMS \_\_\_\_\_ LIVING AREA (SQ FT) \_\_\_\_\_  
DESIGNED MAXIMUM DAILY WATER CONSUMPTION (GPD): \_\_\_\_\_
8. COMMERCIAL/INSTITUTIONAL (INCLUDING MULTI-FAMILY RESIDENCES) TYPE: \_\_\_\_\_  
NO. OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK \_\_\_\_\_  
DESIGNED MAXIMUM DAILY WATER CONSUMPTION (GPD): \_\_\_\_\_
9. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 30 FEET? \_\_\_ YES \_\_\_ NO
10. SITE EVALUATOR: \_\_\_\_\_  
LICENSE NO: \_\_\_\_\_ PHONE NO. \_\_\_\_\_
11. DESIGNER: \_\_\_\_\_  
LICENSE NO: \_\_\_\_\_ PHONE NO. \_\_\_\_\_
12. INSTALLER: \_\_\_\_\_  
LICENSE 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 FREESTONE COUNTY DESIGNATED REPRESENTATIVE TO ENTER UPON THE ABOVE DESCRIBED PRIVATE PROPERTY FOR THE PURPOSE OF LOT EVALUATION AND INSPECTION OF ON-SITE SEWAGE FACILITIES. I UNDERSTAND THAT THE APPROVAL OF THIS APPLICATION CONSTITUTES AUTHORIZATION FOR CONSTRUCTION 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 TCEQ'S ON-SITE SEWAGE FACILITY RULES (OSSF) AND FREESTONE COUNTY'S WASTE CONTROL ORDER.

\_\_\_\_\_  
(SIGNATURE OF OWNER)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF AUTHORIZED COUNTY REPRESENTATIVE)

\_\_\_\_\_  
(DATE)

**TCEQ**  
ON- SITE SEWAGE FACILITY  
TECHNICAL APPLICATION 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? (Circle Yes or No) Yes No If yes, profession design attached? Yes No

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

Type and Size of Pipe: \_\_\_\_\_ Slope of Sewer Pipe to Drain: \_\_\_\_\_

**II. DAILY WASTEWATER USAGE RATE: Q= \_\_\_\_\_ (gallons/day)**

Water Saving Devices: Yes No

**III. TREATMENT UNIT: (circle A, B, or C below)**

**A. SEPTIC TANK:**

- Tank Dimensions: \_\_\_\_\_ Size Required: \_\_\_\_\_
- Liquid Depth (Bottom of tank to outlet): \_\_\_\_\_ Size Proposed: \_\_\_\_\_

**B. SEPTIC TANK:**

- Manufacturer: \_\_\_\_\_ Size Required: \_\_\_\_\_
- Model Number: \_\_\_\_\_ 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**

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

\_\_\_\_\_  
Designer's Signature                      Registration No.                      \_\_\_\_\_  
Date

