



TARRANT REGIONAL WATER DISTRICT
APPLICATION FOR ON-SITE SEWAGE FACILITY

TRWD USE ONLY
APP. NO.:

RECEIPT NO:

DATE:

AMOUNT:

TRWD RESERVOIR

COUNTY OF INSTALLATION

Lake Bridgeport
1710 FM 1658
Bridgeport, TX 76426
940-683-2349
940-683-4016 (FAX)

Cedar Creek Lake
6613 Ashby Lane
Trinidad, TX 75163
903-432-2814
903-432-3355 (FAX)

Eagle Mountain Lake
10201 North Shore Drive
Fort Worth, TX 76135
817-237-8585
817-237-8563 (FAX)

Richland-Chambers Reservoir
140 FM 416
Streetman, TX 75859
903-389-3928
903-389-7587 (FAX)

PLEASE FILL IN ALL BLANKS. If the information requested in a space is not applicable, please mark it NA to indicate that you have not inadvertently skipped it.

- 1. PROPERTY OWNER'S NAME: (LAST) (FIRST) (MI)
2. PERMANENT MAILING ADDRESS: (STREET/PO BOX) (CITY/STATE) (ZIP)
3. DAYTIME TELEPHONE NUMBER : ()
4. SITE ADDRESS: (STREET) (CITY/STATE) (ZIP)
5. LEGAL DESCRIPTION: SUBDIVISION: LOT/TRACT BLOCK/ABSTRACT
COUNTY DATE OF PLAT/ SURVEY:
IF OTHER THAN SUBDIVISION: ACREAGE SURVEY ABSTRACT
6. SOURCE OF WATER: Private Well Public Water Supply (NAME)
7. SINGLE FAMILY RESIDENCE: NUMBER OF BEDROOMS LIVING AREA (sq ft)
8. IF COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE:
NO. OF EMPLOYEES/OCCUPANTS/UNITS: DAYS OCCUPIED PER WEEK:
9. ESTIMATED DAILY WATER CONSUMPTION (Gal/Day): WATER SAVING DEVICES INSTALLED Y N
10. SYSTEM DESIGNER: LICENSE #: TELEPHONE #:
11. PROPOSED INSTALLER: LICENSE #: TELEPHONE #:

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Tarrant Regional Water District to enter upon the above-described 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 verifies that the system was installed in compliance with the TCEQ's On-Site Sewage Facility Rule (OSSF) and the TRWD Waste Control Order.

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL. UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

12. SIGNATURE OF OWNER OR OWNER'S AGENT DATE

13. SIGNATURE OF AUTHORIZED TRWD REPRESENTATIVE LICENSE # 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, 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 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: _____, Document 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 _____, 201__.

(Owner signature(s))

(Owner(s)signature(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 201__.

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