FREESTONE COUNTY 118 E. COMMERCE ST. RM 205

Fairfield, Texas 75840 903-389-3335 office 903-389-3839 fax

| APP | LICATIO | N NO |
|--------|---------|------|
| RECEI | PT NO | |
| DATE | | |
| AMOUNT | \$ | |

COUNTY USE ONLY:

APPLICATION FOR ON-SITE SEWAGE FACILITIES

| | PROPERTY OWNER'S NAME: _ | (LAST) | (FIRST | | (MIDDLE) |
|---------------------------------|--|---|---|---|---|
| 2. | PERMANENT MAILING ADDRE | SS: | | | |
| | (S | TREET/PO BOX) | (CITY/STATE) | (ZIP) | |
| 3. | TELEPHONE NO.: () | НОМЕ | <u></u> | | WORK |
| ı | QUI SITE ADDRESS: | | | | |
| • | 911 SITE ADDRESS: (STREET) | (CI | TY/STATE) | (ZIP) | ··· - |
| 5. | PROPERTY DESCRIPTION: SURV | VEY: | P | RECINCT # | |
| | NUMBER OF ACRES: | SQUARE FOOTAGE C | OF PROPERTY | (IF LE | ESS THAN I ACRE) |
| | LOT/BLK/SEC/SUBDIVISION (IF APPLIC | ABLE): | | | Providence (Company) |
| í. | SOURCE OF WATER:PRIVAT | 'F WELL PUR | IC WATER SUPPLY | | |
| • | | | (NAME O | F SUPPLIER) | |
| 7. | SINGLE FAMILY RESIDENCE: | NO. OF BEDROOMS_ | LIVING A | REA (SQ FT) | |
| | DESIGNED MAXIMUM DAILY WATER (| CONSUMPTION (GPE |): | | |
| 8. | COMMERCIAL/INSTITUTIONAL | (INCLUDING MULT | I-FAMILY RESIDENC | CES) TYPE: _ | |
| | NO. OF EMPLOYEES/OCCUPANTS/UNIT DESIGNED MAXIMUM DAILY WATER (| S:DAYS | OCCUPIED PER WE | EK | |
| 9. | IS AN ORGANIZED SEWAGE CO | LLECTION WITI | HIN 30 FEET? | YES | NO |
|). | SITE EVALUATOR: | | | | |
| | LICENSE NO: | PHC | ONE NO. | | |
| | DESIGNER: | | | ··· | |
| | LICENSE NO: | PHON | NE NO | | |
| | INSTALLER: | | | | |
| | LICENSE NO.: | PHON | NE NO | | |
| SIN THI API DPI THA | ERTIFY THAT THE ABOVE STATEMENTS OF A THE FREESTONE COUNTY DESIGN E PURPOSE OF LOT EVALUATION AND INVELIGATION CONSTITUTES AUTHORIZATION AND THE FACILITY WILL BE GRANTED AND THE SYSTEM WAS INSTALLED IN COMPARE CONTROL ORDER. | ATED REPRESENTATI SPECTION OF ON-SITE ON FOR CONSTRUCT O FOLLOWING SUCCE | VE TO ENTER UPON TEST OF THE ON-SITE ON OF THE ON-SITE ON-SITE ON-SITE ON-SITE ON-SITE ON-SITE ON-SITE ON THE ON-SITE ON-SITE ON THE ON-SITE | THE AVOVE DES S. I UNDERSTAN E. SIEWAGE, FAC OF THE INSTAL | CRIBED PRIVATE PRO ID THAT THE APPROV CILITY AND THAT A |
| | (SIGNATURE OF OWNER) | | | DATE) | |
| | | | | | |
| _ | GNATURE OF AUTHORIZED COUNTY R | ISBB ECCENTER A PER ATE | | (DATE) | |

TCEQ ON- SITE SEWAGE FACILITY TECHNICAL APPLICATION FOR PERMIT

| APPLICATION # | |
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| | |
| | |

| | DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND OR ADMINISTRATIVE PENALTIES. | | | | | | | |
|-------------|--|---|--|--|--|--|--|--|
| • | OWNER'S NAME: | COUNTY: | | | | | | |
| 1 | Professional design required? (Circle Yes or l | No) Yes No If yes, profession design attached? Yes | | | | | | |
| I. SEWE | ER (House Drain): | | | | | | | |
| Type a | and Size of Pipe: | Slope of Sewer Pipe to Drain: | | | | | | |
| II. DAIL | LY WASTEWATER USAGE RATE: Q= | (gallons/day) | | | | | | |
| Water | r Saving Devices: Yes No | | | | | | | |
| III. TRE | EATMENT UNIT: (circle A, B, or C below) | | | | | | | |
| A. | SEPTIC TANK: | | | | | | | |
| | Tank Dimensions: | Size Required: | | | | | | |
| | | t): Size Proposed: | | | | | | |
| В. : | SEPTIC TANK: | | | | | | | |
| | Manufacturer: | Size Required: | | | | | | |
| | Model Number: | | | | | | | |
| | Pretreatment Tank: Yes No | | | | | | | |
| C. | OTHER: | | | | | | | |
| | Please attach description | | | | | | | |
| IV. DISF | POSAL SYSTEM: | | | | | | | |
| • | TYPE: | | | | | | | |
| | Area Required: | | | | | | | |
| | Area Proposed: | | | | | | | |
| | ITIONAL INFORMATION: | | | | | | | |
| | | ATTACHED FOR REVIEW TO BE COMPLETED. | | | | | | |
| | Site Evaluation | | | | | | | |
| B. 1 | Planning Materials | | | | | | | |
| | The attached checklist details those item | ns that must be addressed under each of these categories. | | | | | | |
| | Designer's Signature Re | egistration No. Date | | | | | | |

CERTIFICATION REQUIRING MAINTENANCE AFFIDAVIT

THE COUNTY OF FREESTONE STATE OF TEXAS

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of FREESTONE County, Texas.

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The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ), to regulate on-site sewer facilities (OSSFs). Additionally, the Texas Water Code (TWC), ss 5.012 and ss 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 owner's to provide 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 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.

An OSSF requiring maintenance, according to 30 Texas Administrative Code SS 285.91(12) will be installed on the property described as: The property is owned by : _____ This OSSF must be occred by a continuous maintenance contract for the initial two year warranty period. An approved maintenance company must perform all maintenance on this OSSF, and a signed maintenance contract must be submitted to the: FREESTONE COUNTY OSSF DEPARTMENT 440 E. Main Street Box 4 (903) 389- 1227 (903) 389- 9409 Fax 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 the office of the FREESTONE COUNTY OSSF DEPARTMENT. WITNESS BY HAND(S) ON THIS ______ DAY OF ______, 20____. Notary Public, State of Texas Notary's Printed Name:

My Commission Expires: