

*ALL PERMIT FEES ARE NON REFUNDABLE

*ONE PERMIT PER SYSTEM

Permit Number: _____

Date: _____

HENDERSON COUNTY

On-Site Sewage Facilities Permit Application

Property Owner's Name: _____
(first) (middle) (last)

Mailing Address: _____
(Street) (city) (zip)

Phone No.: _____
(Home) (Work) (other)

Site Address: _____
(Address required: 911 address and/or County Road #) (City) (Zip)

Subdivision Name: _____ Block _____ Lot _____

Other than Subdivision: Acreage: _____ Survey: _____

*For Legal Description Please attach proof of ownership documents.

Maximum Water Consumption (gallons per day): _____ Actual _____ Estimated _____

Water saving devices? _____ Yes _____ No

Source of Water? _____ Private Well _____ Public Water Supply-Name _____

_____ Single Family Residence: Number of Bedrooms _____ Square Footage Living Area: _____

_____ Commercial/Institutional/Multi-Family: Type: _____

Number of Employees/Occupants/Units: _____ Days Occupied per Week: _____

Site Evaluator: _____ Registration No. & Type _____

Designer: _____ Registration No. & Type _____

Address: _____ Phone No. _____

(Street, PO Box, or Router/City/Zip)

Installer: _____ Registration No. & Type _____

Address: _____ Phone No. _____

(Street, PO Box, or Router/City/Zip)

I hereby certify that under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that the information is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation or falsification may result in denial of my application. Authorization is hereby granted for the Permitting Authority to enter the above-described property for the purpose of the lot evaluation and inspection of on-site facility and related activities. A permit to operate the facility will be granted following a successful inspection of the system, provided the system has been installed in compliance with the TCEQ's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

X

Signature of Owner

X

Date

(AC) Approved For Construction By: _____ License No. _____ Date: _____

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (AC) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS "AUTHORIZATION TO CONSTRUCT", BASED ON PLANNING MATERIALS RECEIVED BY THIS DATE.

.....
(AO) INSPECTED AND APPROVAL TO OPERATE GRANTED BY: _____
On-Site Inspector License No. Date

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (AO) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS "NOTICE OF APPROVAL TO OPERATE", BASED ON FINAL SYSTEM APPROVAL, IF CHANGES WERE MADE AFTER RELEASE OF AUTHORIZATION TO CONSTRUCT.

AFFIDAVIT

THE COUNTY OF HENDERSON

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 HENDERSON County Texas.

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) to regulate onsite 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: _____, Phase: _____,
Acreage: _____, Survey Name: _____, Abstract: _____, Deed Volume: _____, Page: _____,
Tract: _____, Section: _____, Instrument/Document Number or GEO #: _____

The property is owned by (insert owner's full name): X

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.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, 2021.

X

(Owner signature(s))

(Owner(s)signature(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 2021.

Notary Public, State of Texas

Notary's Printed Name

My Commission Expires:

NOTARY SEAL BELOW: