

**CITY OF OVILLA
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION AND MODIFICATION**

_____ NEW INSTALLATION _____ MODIFICATION

1. Property Owner's Name : _____
2. Mailing Address: _____

3. Telephone Number: _____ - _____ - _____ Email Address: _____
4. Site Address: _____
5. _____ SINGLE FAMILY RESIDENCE:
No. of Bedrooms _____ Sq. Ft. Living Area _____
6. _____ COMMERCIAL BUILDING Type: _____
Number of Employees: _____ Days Occupied Per Week: _____
7. Site Evaluator: _____ Certification Number: _____
Phone: _____ - _____ - _____
8. Designer: _____ License Number (PE or RS): _____
Phone: _____ - _____ - _____
9. Installer: _____ Registration Number: _____
Phone: _____ - _____ - _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of Ovilla to enter upon the above described property for the purpose of lot evaluation and inspection of 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 the rules of the City of Ovilla and the Texas Commission on Environmental Quality (TCEQ) On-Site Sewage Facility Rules, TAC30, Chapter 285.

Applicant understands that the following private sewage facility system requirements are the minimum and based on the soil analysis and plan of site and disposal system submitted by applicant. Applicant further understands that satisfactory performance cannot be guaranteed because of the many variables involved. The City of Ovilla assumes no liability whatsoever for satisfactory operation of the applicant's system.

X

Signature of Owner

Date

**CITY OF OVILLA
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

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

OWNER'S NAME: _____

Professional design required Yes No If yes, professional design attached Yes No

1. SEWER (House Drain)
Type and size of pipe: _____ Slope of sewer pipe to tank: _____

2. DAILY WASTEWATER USAGE RATE: Q= _____ (gallons/day)
Water saving devices : Yes No

3. TREATMENT UNIT:

~~SEPTIC TANK:~~
Tank Dimensions: _____ Liquid depth (tank bottom to outlet): _____

Size required: _____ Size Proposed: _____

AEROBIC:

Manufacturer: _____ Model Number: _____

Size required: _____ Size Proposed: _____

Pretreatment Tank: Yes No

OTHER: _____
(PLEASE ATTACH DESCRIPTION)

4. DISPOSAL SYSTEM:

Type: _____

Area Required: _____ Area Proposed: _____

5. ADDITIONAL INFORMATION:(Note-This information must be attached for review to be completed)
Site Evaluation
Planning Materials

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

DESIGNER'S SIGNATURE

REGISTRATION NO.

DATE

AFFIDAVIT TO THE PUBLIC

The County of _____, State of Texas.

Before me, the undersigned authority, on this day personally appeared **X** _____ who, after being by me duly sworn, upon oath states that he/she is the owner of record of that certain tract or parcel of land lying and being situated in _____ County, Texas and being more particularly described as follows:

The undersigned further states that a surface application on-site wastewater treatment system is being installed in accordance with the permitting provisions of TCEQ on-site facility rules TAC 30 Ch. 285.33. The undersigned has entered into a maintenance company agreement for service and repair to the surface application system.

Furthermore, the undersigned states that he/she will, upon sale or transfer of the above described property, request a transfer of the permit to operate such surface application system to the buyer or transfer. Any buyer or transferee is hereby notified that a maintenance contract with an approved maintenance company will be required for use of the system. For more information concerning the rules or regulations on surface applications on on-site wastewater treatment system, please contact the Division of Watershed Management, the Texas Commission on Environmental Quality, P O Box 13087, Austin, Texas 78711-1087.

Witness my/our hand(s) on the _____ day of _____, 20 _____.

X

Signature of Homeowner(s)

Printed Name of Homeowner(s)

SWORN TO AND SUBSCRIBED BEFORE ME on this _____ day of _____, 20 _____

Notary Public, State of Texas

Notary's Printed Name

Commission Expires