

Email Address: _____

FREESTONE COUNTY SERVICES – OSSF
Freestone County Courthouse
118 E. Commerce, Rm. 105
Fairfield, Texas 75840
903-389-8884 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) _____
& Bathrooms _____
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.

X _____
(SIGNATURE OF OWNER)

X _____
(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 Tank: _____

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

**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.

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ), to regulate on-site sewage 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.

II

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: X _____

This OSSF must be covered 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 within 30 days after the property has been transferred. A copy of the contract must be submitted to the:

Freestone County Services - OSSF
Freestone County Courthouse
118 E. Commerce, Rm. 105
Fairfield, Texas 75840
(903) 389- 8884
(903) 389- 3839 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 Environmental Health Office.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, 20_____.

X _____

Owner(s) signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____, 20____.

Notary Public, State of Texas

Notary's Printed Name: _____
My Commission Expires: _____