



Navarro County Environmental Division
601 N. 13th Street Suite 1
Corsicana, Texas 75110
Phone No. (903) 875-3313
Fax No. (903) 875-3314

OSSF Permit No. _____

Disposal Type: _____

Application For On-Site Sewage Facility

THIS APPLICATION WILL EXPIRE ONE (1) YEAR FROM THE APPLICATION DATE IF INSPECTION IS NOT COMPLETED

PROPERTY OWNER: _____

(LAST)

(FIRST)

(MIDDLE)

SITE ADDRESS: _____ ZIP _____

CURRENT MAILING ADDRESS: _____ ZIP _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____ FAX: (_____) _____

Email address: _____

DL#: _____ STATE: _____ D.O.B. ____/____/____

PROPERTY LEGAL DESCRIPTION:

Subdivision: _____ Lot/Tract _____ Block _____ Phase/Sec. _____ LOT SIZE: _____ (1 acre min)

Survey _____ Abstract: _____ Vol. _____ Page _____

*PROPERTY SURVEY MUST BE ATTACHED

☐ SINGLE FAMILY RESIDENCE: No. of Bedrooms: ____ / ____ Living Area: _____ (sq ft)
/ Bathrooms

☐ COMERCIAL/INSTITUTIONAL (including multi-family residences) Type: _____

NUMBER OF EMPLOYEES/OCCUPANTS/UNITS: _____ Days Occupied/Week _____ Average Daily Flow _____

WITH KITCHEN: ☐ Yes ☐ No

SHOWERS: ☐ Yes ☐ No

☐ New Construction ☐ Site Built Home ☐ Mobile Home ☐ Replacing Existing OSSF ☐ Modifying Existing OSSF

Water saving devices installed ☐ Yes ☐ No

☐ Other: _____

SOURCE OF WATER: ☐ Private Well ☐ Public Water Supply _____

PROPOSED DISPOSAL SYSTEM TYPE: ☐ AEROBIC ☐ DRIP EMITTER ☐ LOW PRESSURE PIPE ☐ STANDARD

SITE EVALUATOR: _____ Registration # _____ Phone No: (_____) _____

DESIGNER: _____ Registration # _____ Phone No: (_____) _____

INSTALLER: _____ Registration # _____ Phone No: (_____) _____

This form and all required attached document must be completely filled out in blue or black ink to be accepted.

Authorization is hereby given to agents of the Navarro County Planning and Development to enter upon the above-described property for the purpose of conducting tests, performing on-site sewage facility inspections, or other reasons consistent with the laws of the State of Texas.

I certify that I am the individual owning or having right of possession and use of the above-described property. I further state that I have provided the information contained in this Application for On-Site Sewage Facility, and that the information is true and correct in every respect, and no material has been omitted or concealed.

X _____
SIGNATURE OF OWNER/AGENT

Date

SIGNATURE OF INSTALLER

Date

23 Dulworth Septic Services
5021 SE McKinney
Rice, Tx. 75155

THE COUNTY OF NAVARRO

STATE OF TEXAS

AFFIDAVIT

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) 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 powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety Code, require 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 permit 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 _____, GEO Number: _____

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. A copy of the planning materials for the OSSF may be obtained from the Permitting Authority.

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

X

(Owner signature(s))

(Owner(s) signature(s))

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

Notary Public, State of Texas

Notary's Printed Name

My Commission Expires:

NOTARY SEAL BELOW: