



TARRANT COUNTY PUBLIC HEALTH ENVIRONMENTAL HEALTH DIVISION

1101 S. Main Street, Suite 2300, Fort Worth, TX 76104
817-321-4960 FAX 817-321-4961 www.tarrantcounty.com/health

System #
Received
Receipt #
Check # or Cash
Affidavit <input type="checkbox"/>

RESIDENTIAL On-Site Sewage Facility Application

This application is valid for one year from the date the fees are received.

New Repair/Remodel Other _____ MAPSCO # _____

Site Address _____

Inside the City limits of _____ or Unincorporated area

Site Description: Size of property - # of acres _____

Subdivision name _____ Lot # _____ Block # _____ Phase _____

OR Survey _____ Tract _____ Abstract _____

Property Owner's Name _____

Mailing Address _____ City _____ State _____ Zip _____

E-mail Address _____ Telephone # _____

Building Information: Number of Bedrooms _____ / _____ Number of Occupants _____
& Bathrooms

Living Area Square Footage _____ Single Family Multifamily

Estimated Daily Water Usage _____ gpd Water Saving Devices NOT Installed

Water Source: Public Supply Name _____ Private Well

I understand that a properly designed and constructed sewage disposal facility may malfunction if not maintained or used properly. Due to the many variables involved, a system cannot be guaranteed. The licensing authority shall inspect to confirm the system meets design standards. The property owner is ultimately responsible for assuring the correct operation and maintenance of the system in accordance with the specific requirements of the type of system used. Furthermore, I, the undersigned, hereby grant access to the property, for purposes of inspecting the on-site sewage disposal system, to representatives of the Tarrant County Public Health Department.

Property Owner's Signature X _____ Date _____

OSSF Installer _____ Phone _____ Reg. # _____

..... For office use only

Action

Initials

Date

**THE COUNTY OF TARRANT
STATE OF TEXAS**

AFFIDAVIT

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

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) to 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 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 of the suitability of this OSSF, nor does it constitute any guarantee by the commission 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 (insert legal description):

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 as prescribed by law. 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 Tarrant County Public Health Department.

WITNESSED BY HAND(S) ON THIS _____ DAY OF _____,

X _____
(Owner(s) Signature(s))

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

Notary's Signature: _____
Notary Public, State of Texas

Notary's Name Printed: _____

My Commission Expires: _____