



Texas Commission on Environmental Quality
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION

TCEQ USE ONLY
APPLICATION NO. _____
DATE RECEIVED _____
AMOUNT _____

TCEQ REGION NUMBER

COUNTY OF INSTALLATION

1. PROPERTY OWNER'S NAME: _____
(Last) (First) (Middle)

2. CURRENT MAILING ADDRESS: _____

3. HOME PHONE NO.: () _____ OTHER or FAX NO.: () _____

4. 911 SITE ADDRESS: _____

5. PROPERTY LEGAL DESCRIPTION: _____

Acreage: _____ Plat Date: _____ Subdivision name (if applicable): _____

PLEASE ATTACH VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY, OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION

6. DIRECTIONS TO SITE: _____

7. SOURCE OF WATER: Private Well Public Water Supply _____
(Name of Supplier)

8. SINGLE FAMILY RESIDENCE: No. of Bedrooms: _____ / _____ Living Area (ft²): _____
& No. of Bathrooms

9. COMMERCIAL/INSTITUTIONAL (other than single-family residence) TYPE: _____

BUSINESS / INSTITUTION NAME: _____

RESPONSIBLE OFFICIAL: _____ NO. OF EMPLOYEES/UNITS: _____

10. SITE EVALUATOR: _____ LICENSE NO. _____

PHONE NO.: () _____ OTHER or FAX NO.: () _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

11. INSTALLER: _____ LICENSE NO.: _____

PHONE NO.: () _____ OTHER or FAX NO.: () _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Texas Commission on Environmental Quality to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

SIGNATURE OF OWNER: X DATE: X

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

AFFIDAVIT TO THE PUBLIC

**THE COUNTY OF _____
STATE OF TEXAS**

According to Texas Commission on Environmental Quality (TCEQ) Rules for On-Site Sewage Facilities (OSSFs), 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) 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 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 TCEQ.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____
X _____

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:

ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

PROFESSIONAL DESIGN REQUIRED?: [] Yes [] No If yes, professional design attached: [] Yes [] No

Designer Name: _____ License Type and No. _____

Phone No. (____) _____ Other or Fax No. (____) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)

Stub out to treatment tank: _____

Treatment tank to disposal system: _____

II. DAILY WASTEWATER USAGE RATE: Q= _____ (gallons/day)

Water Saving Devices: [] Yes [] No

III. TREATMENT UNIT(S): [] Septic Tank [] Aerobic Unit

A. Tank Dimensions: _____ • Liquid Depth (bottom of tank to outlet): _____

• Size Proposed: _____ (gal) • Manufacturer : _____

• Material/Model #: _____

• Pretreatment Tank : [] Yes SIZE : _____ (gal) [] No [] NA

• Pump/Lift Tank : [] Yes SIZE : _____ (gal) [] No [] NA

B. OTHER [] Yes [] No If yes, please attach description.

IV. DISPOSAL SYSTEM:

Disposal Type: _____

Manufacturer and Model: _____

Area Proposed : _____ square feet

V. ADDITIONAL INFORMATION:

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

- A. Soil/Site evaluation B. Planning materials (If Applicable)

DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT. UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

SIGNATURE OF INSTALLER OR DESIGNER: _____ DATE: _____

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at your local regional office or at 512/239-3799. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.

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