



TARRANT REGIONAL WATER DISTRICT
APPLICATION FOR ON-SITE SEWAGE FACILITY

TRWD USE ONLY
APP. NO.:
RECEIPT NO:
DATE:
AMOUNT:

TRWD RESERVOIR
COUNTY OF INSTALLATION

Table with 4 columns: Lake Bridgeport, Cedar Creek Lake, Eagle Mountain Lake, Richland-Chambers Reservoir. Includes addresses and phone numbers for each location.

PLEASE FILL IN ALL BLANKS. If the information requested in a space is not applicable, please mark it NA to indicate that you have not inadvertently skipped it.

Owners Email Address:

1. PROPERTY OWNER'S NAME: (LAST) (FIRST) (MI)

2. PERMANENT MAILING ADDRESS: (STREET/PO BOX) (CITY/STATE) (ZIP)

3. DAYTIME TELEPHONE NUMBER : ()

4. SITE ADDRESS: (STREET) (CITY/STATE) (ZIP)

5. LEGAL DESCRIPTION: SUBDIVISION: LOT/TRACT BLOCK/ABSTRACT

COUNTY DATE OF PLAT/ SURVEY:

IF OTHER THAN SUBDIVISION: ACREAGE SURVEY ABSTRACT

6. SOURCE OF WATER: Private Well Public Water Supply (NAME)

7. SINGLE FAMILY RESIDENCE: NUMBER OF BEDROOMS / LIVING AREA (sq ft) & BATHROOMS

8. IF COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE:

NO. OF EMPLOYEES/OCCUPANTS/UNITS: DAYS OCCUPIED PER WEEK:

9. ESTIMATED DAILY WATER CONSUMPTION (Gal/Day): WATER SAVING DEVICES INSTALLED Y N

10. SYSTEM DESIGNER: LICENSE #: TELEPHONE #:

11. PROPOSED INSTALLER: LICENSE #: TELEPHONE #:

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Tarrant Regional Water District to enter upon the above-described property for the purpose of lot evaluation and inspection of on-site sewage facilities.

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

12. SIGNATURE OF OWNER OR OWNER'S AGENT

DATE

13. SIGNATURE OF AUTHORIZED TRWD REPRESENTATIVE LICENSE # DATE

AFFIDAVIT

THE COUNTY OF _____

STATE OF TEXAS

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) 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 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: _____, Document Number: _____

The property is owned by (insert owner's full name): _____

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 _____, 20 ____.

(Owner signature(s))

(Owner(s)signature(s))

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

Notary Public, State of Texas
Notary's Printed Name
My Commission Expires:
NOTARY SEAL BELOW: