

FALLS COUNTY APPLICATION FOR PERMIT

HOW TO OBTAIN A TCEQ PERMIT FOR AN ON-SITE SEWAGE FACILITY

Remove & Retain this page prior to returning the application to the address below

ALL Septic Applications are \$500
+ \$25 Fee for Affidavit to Public with Aerobic Systems
Reinspection Fees are \$250

- Obtain an application from the FALLS COUNTY CLERKS OFFICE
- Have appropriate individual perform mandatory site/soil evaluation.
- Give Copy of deed to property or validation of property with owners Name & Address...
- Have appropriate Individual prepare planning materials. Professional Design (R.S. , P.E) is required for proprietary and non-standard systems.
- Submit completed application & technical information sheet with Permit Fee (In property Owner's name) with all pages intact to the FALLS COUNTY CLERK'S OFFICE, 2nd floor County Courthouse Room #202. Include the appropriate fee. Before submitting, make 2 copies each of the following:
 - 1.) Planning Materials with Drawings
 - 2.) Site/Soil Evaluation
 - 3.) Accurate Directions to the site must also be included & send one copy to your licensed installer and keep a copy for yourself.
- The Falls County Designated Representative will review plans and the application. DR will also review non-standard system plans.
- Upon approval an *Authorized to Construct* will be issued. The *Authorized to Construct* is valid for 1 year from date of issuance.
- Begin Construction. An inspection of the installation is required *before* covering of the system. Contact our office at least **5 working days** in advance to arrange an inspection.
- After a successful inspection, a Notice of Approval will be issued to the owner within approximately 5 working days.
- NOTE:** A re-inspection fee equal to ½ the permit amount must be paid by the installer for each time the system must re-inspected. All fees must be paid before a Notice of Approval will be issued.

Permit Fee Shall Be Paid After all Forms & Applications are Completed and Designs are Submitted...

ALL FEES ARE NON-REFUNDABLE AND SHALL BE PAID BY CASHIERS CHECK OR MONEY ORDER BY ALL PROPERTY HOMEOWNERS.



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):

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: DATE:

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.

Texas Commission on Environmental Quality

**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 No SIZE : _____ (gal) No NA

• Pump/Lift Tank : Yes No 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.

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.

OSSF SOIL EVALUATION

PROPERTY OWNER: _____

SITE ADDRESS: _____

REQUIREMENTS :

At least two (2) soil excavations must be performed on the site at opposite ends of the proposed disposal area. Locations of soil boring or dug pits must be shown on the site drawing. For subsurface desposal, soil evaluations must be performed to a depth of at least two (2) feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

| SOIL BORING # 1 | | | | | |
|-----------------|---------------|---------------------------|--------------------------------|---------------------|--------------|
| Depth (Feet) | Texture Class | Structure (If applicable) | Drainage (Mottles/Water Table) | Restrictive Horizon | Observations |
| 0 _____ | | | | | |
| 1 _____ | | | | | |
| 2 _____ | | | | | |
| 3 _____ | | | | | |
| 4 _____ | | | | | |
| 5 _____ | | | | | |

| SOIL BORING # 1 | | | | | |
|-----------------|---------------|---------------------------|--------------------------------|---------------------|--------------|
| Depth (Feet) | Texture Class | Structure (If applicable) | Drainage (Mottles/Water Table) | Restrictive Horizon | Observations |
| 0 _____ | | | | | |
| 1 _____ | | | | | |
| 2 _____ | | | | | |
| 3 _____ | | | | | |
| 4 _____ | | | | | |
| 5 _____ | | | | | |

I certify that the finding of this report are based on my field observations and are accurate to the best of my knowledge.

Signature of Site Evaluator

License #

Date

OSSF SOIL EVALUATION

Application Information if not Homeowner

(includes builders):

Name: _____
Address: _____
City: _____
Tel : _____
Fax: _____

Complete the Following:

Incorporated Area? Yes No
Presence of upper water shed? Yes No
Existing/Proposed water well in nearby area? Yes No
Organized sewage service available to lot/tract? Yes No
Presence of adjacent ponds, streams, water impoundments? Yes No

Installer Information:

Name: _____
Address: _____
City: _____
Tel : _____
Fax: _____

Site Evaluator Information: (If not Installer)

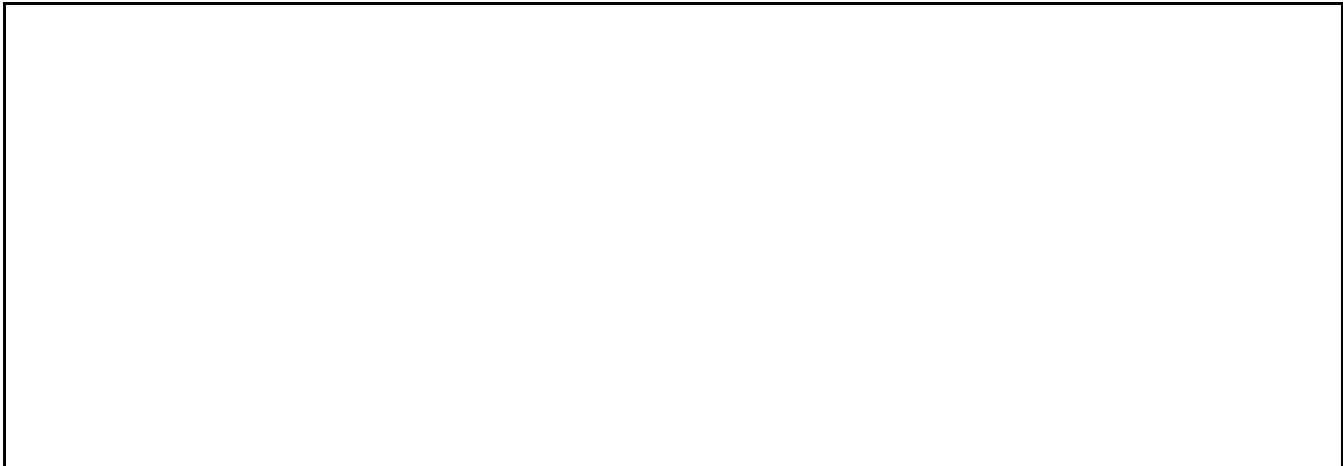
Name: _____
Address: _____
City: _____
Tel : _____
Fax: _____

Professional Design required? Yes No; If yes, professional design attached? Yes No

Schematic of Lot or Tract

Show: Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines and other structures where known. Location of existing or proposed *water wells* within 150 feet of property. **Indicate slope** or provide contour lines from the structure to the farthest location of the proposed soil absorption or irrigation area. Location of soil borings or dug pits (show location with respect to a known reference point). Location of natural, constructed or proposed drainage ways (streams, ponds, lakes, rivers, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks.

SITE DRAWING



Signature of Site Evaluator

License #

Date

AFFIDAVIT TO THE PUBLIC

(Aerobic System notice to the public)

THE COUNTY OF FALLS
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality (TCEQ) Rules for On-Site Sewage Facilities, in this document is filed in the Deed Records of FALLS COUNTY, TEXAS

The Health and Safety Code, Chapter 366 authorizes the FALLS County Public Health Authority to regulate on-site sewage facilities (OSSF's). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the Texas Commission on Environmental Quality (TCEQ) primary responsibility for implementing the laws of the State of Texas relating to water and the 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 notice to the public that certain types OSSF's are located on the specific pieces of property. To achieve this notice, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to Falls County. This deed certification is not a representation or warranty by the TCEQ or Falls County of the suitability of this OSSF nor does it constitute any guarantee by the TCEQ or the Falls County Health Authority that the appropriate OSSF was installed.

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code § 285.91 (12) will be installed on the property described as:

Survey Name _____ Abs. # _____ Vol. # _____ Page # _____ Acres _____

OR

Subdivision _____ Block _____ Lot _____ Section / Phase _____

SITE ADDRESS: _____

This property is owned by: _____
PLEASE PRINT OWNER'S NAME LEGIBLY

Gallons per day _____

This OSSF ***must*** be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company or the property trained owner of this property, and a signed maintenance contract must be submitted to the Falls County Health Authority within 30 days after the property has been transferred.

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 Falls County Health Authority.

WITNESS IN HAND(S) on this _____ day of _____, _____.

(Owner(s) or Agent(s) Signature

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

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

FALLS COUNTY

PARTIAL LIST OF INSTALLERS

PARTIAL LIST OF SITE EVALUATORS

Mike Bell (254)583-7381
cell (254)721-6149
Rodney Blasingame (254)749-4012
Blaine Brookshire (254)744-0194
James Bumpers (903)529-2682
Bobby Chapman (903)362-1842
Floyd Dutschman (254)857-4321
First Class Septic (713)553-7717
Frei Enterprise Inc. (254)985-2243
John Hadley (254)846-9664
Karen Hix Stephen (254)405-0662
Humphreys Thomas (936)661-1360
Kalina Milton Kenan (254)666-3351
Mark Kieran (254)932-6294
Stephen Lehnert (254)235-3897
James London Jerry (254)697-3574
McClung Purdis (254)722-1294
Medlin Jason Riley (254)760-6460
(254)857-3375
Reddell Septic (Karen Hix) ~~(254)305-8662~~
Dan Rose (254)853-2978
David Salmeri (254)829-2028
Robert Sammons (254)938-7471
Danny Sherrod (254)729-3177
Jerry Snyder (254)848-4848
Timmy Sohns (254)770-9159
Scout Stroud (254)541-1213
Neely Woodard (254)863-5137
Jalon Yoder (254)721-3576
Aaron York (254)744-7411

Mike Bell (254)583-7381
cell (254)721-6149
James Bumpers (903)529-2682
Bill Carter (254)829-1993
First Class Septic (713)553-7717
Frei Enterprise (254)985-2243
Karen Hix (254)405-0662
Stephen Lehnert (254)697-3574
Purdis Medlin (254)857-3375
Dan Rose Robert (254)853-2978
Sammons Timmy (254)938-7471
Sohns Scout (254)770-9159
Stroud Aaron (254)541-1213
York (254)744-7411