

# 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, 2<sup>nd</sup> 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 REGION NUMBER

COUNTY OF INSTALLATION

TCEQ USE ONLY

APPLICATION NO.

DATE RECEIVED

AMOUNT

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 (ft<sup>2</sup>): \_\_\_\_\_

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 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.*

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 EVALUATIONApplication Information if not Homeowner(includes builders):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Fax: \_\_\_\_\_

Complete the Following:

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

Installer Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Fax: \_\_\_\_\_

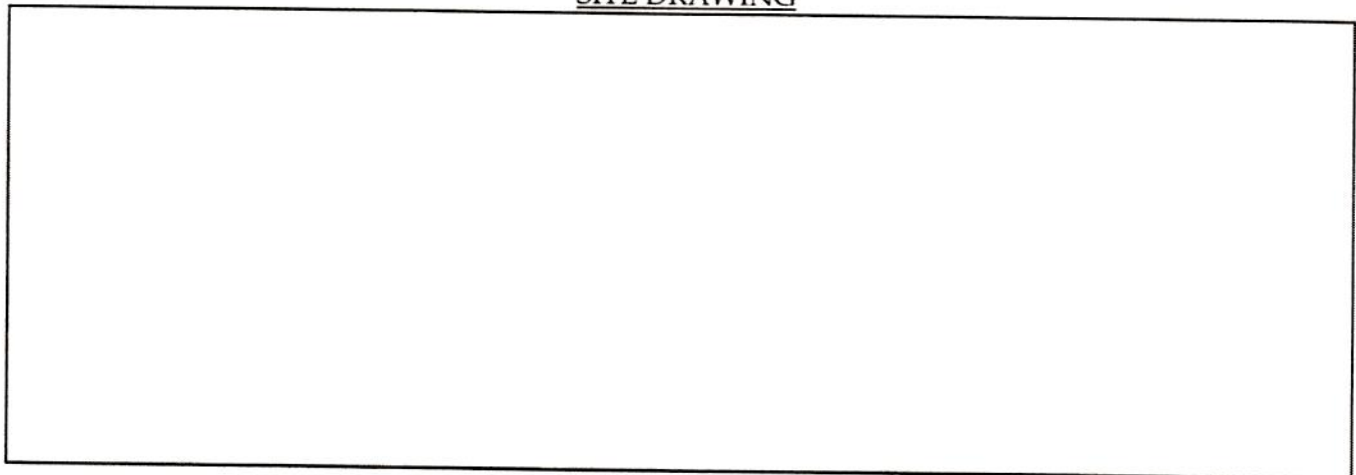
Site Evaluator Information: (If not Installer)

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 Septic: OSSF Installers/Evaluators/Maintenance Providers

		OSSF INSTALLER	SITE EVALUATOR	MAINTENANCE PROVIDER
Mike Bell	254-583-7831	*	*	*
Mike Bell	254-721-6149	*	*	*
Bill Pair/Pair Plumbing	254-697-4227	*	*	*
Diane Pair/Pair Plumbing	254-697-1768	*	*	*
Blaine Brookshire	254-744-0194	*		
Bobby Chapman	903-362-1842	*		
Danny Sherrod	254-729-3177	*		
Dusty Rhodes Septic & More	254-744-5856	*	*	*
First Class Septic	713-553-7717	*	*	*
Frei Enterprise Inc.	254-985-2243	*	*	*
Kalina Milton Kenan	254-666-3351	*		
Karen Hix/Reddell Septic	254-405-0662	*	*	*
Luke Snyder/Jernan Septic & Rainwater Solutions	254-848-4848	*	*	*
Robert Sammons	254-718-4576	*	*	
Scout Stroud	254-541-1213	*	*	
Dawn Kieran/Brazos Septic Solutions	254-235-3897	*		*
Tim Spencer/TNA Construction	409-771-2609	*	*	
Wright Environmental, LLC	817-739-7192		* Sanitarian Designer	

updated 01/27/2025 Falls County Deputy Clerk II, V.Dodd

**Falls County Sewage Inspector**  
**Jeremy Haak**  
**254-883-0298**