

### CITY OF MCLENDON-CHISHOLM

### **Application for On-Site Sewage Facility**

Property Owner's Name:				
Mailing Address:				
Home Telephone: Alterna	te Phone:			
SITE ADDRESS:				
Type of OSSF System: Aerobic	Conventional			
Brand & Name of Manufacturer of system to be installed:				
Water Source: Public Private Company:				
Water Saving Device: Yes No	In a Flood Zone: Yes No			
Site Evaluators Name:	Phone#:			
Type of Construction: New	Existing			
Type of Dwelling: Residential	Commercial			
Commercial: Number of Occupants:	Number of Days Occupied:			
Number of Bathrooms and Showe	Number of Bathrooms and Showers:			
Residential: Number of Bedrooms:	Living Area: sq. footage			
Designer:	License #:			
Installer:	License#:			
I hereby request a permit to install an On-Site Facility.				
Signature	Date Submitted			



# City of McLendon-Chisholm OSSF Permit Application/File Checklist

Address:			
Date Received:			
OSSF SFR Permit Fee: \$500			
( ) Completed Application Form	() Site Evaluation Report		
( ) Technical Information Sheet	( ) Site Diagram		
( ) McLendon-Chisholm Affidavit Filed with Rockwall County	( ) Pump/Alarm Diagram gallons clearly marked		
( ) System Design	() Installer Registration		
( ) Spray Irrigation Design	( ) Maintenance Agreement		

#### Builders/Owner please note the following:

- <u>Affidavit</u> to be completed by owner of property at time of filing. After sale or transfer of property a Transfer of ownership is to be submitted to the City with new owner(s) name.
- <u>Maintenance Contract</u> to be submitted at time of application in order to construct the OSSF. An updated initial contract is to also be submitted to reflect date of sale by the builder for a new single family dwelling or date of notice of approval for an existing single family dwelling with new owner(s) name.

## CITY OF MCLENDON-CHISHOLM OSSF TECHNICAL INFORMATION SHEET

## Do not begin construction PRIOR to application approval. Unauthorized Construction can result in Civil and/or Administrative Penalties.

Owner	's Name:		
Addres	ss:		
Professi	onal Design Required? Yes or No	If yes, professi	ional design attached? Yes or No
I.	Sewer (House Drain) Type and size of pipe:	Slope of sewer p	pipe to tank
I.	<u>Daily Wastewater usage rate:</u> Q=		(Gallons/Day)
III.	Treatment Unit:  * Tank Dimensions:*  * Size Required:*	•	
		Aerobic	
	*Size Required:	*Size Proposed:	
	*Pretreatment Tank? Yes or No  *Please attach Description:	Other:	
IV.	<u>Disposal System:</u>		
	*Type:	*Loading Rate:	
	*Area Required:	*Area Proposed:	
V.	Additional Information:  *Site Evaluation  *Site Drawing (to include spray area)  *Pump Alarm Diagram  *Filed Affidavit	nterial must be attac	hed for review to be completed).
Designe	er's Signature	Reg#	Date:

#### TRI-COUNTY SEPTIC

Wastewater Recycling Specialists PO Box 283 Royse City, TX 75189 Office **903-285-5255** Fax 877-273-4380 jack@triseptic.com www.triseptic.com



Permit # _		Due Date:	Annual Inspect	ion Agreement Price: \$	
Beginning Date: Ending Da		Ending Date:	Manufacturer:	MasterCaro VISA DISCOVER	
0 0		•	ement 30 days prior to th	e renewal date.	
		Service	Policy		
Term of I	Policy:		J		
1.	An inspection/service cal and electrical component will be an additional servi	s parts as necessary to ensice charge.	ure proper function. If any add	s, and service of the mechanical ditional visits are necessary there	
2.			(OSSF), there will be a <b>\$50 ser</b>	vice charge to re-inspect	
3.		mers will be notified the d		ne, voicemail or text. If there is <b>ge to re-inspect system</b> , unless	
4.		tion every 4 months consis	sts of a visual check for color, t	turbidity, scum overflow, and	
5.	5. A sample shall be pulled from the pump tank every 4 months as described in the "SOLIDS REMOVAL" section to determine if there is an excess of solids in the treatment plant. If the test results determine a need for solid removal,				
6.			doing so. hlorinator. If chlorine test reve	eals no chlorine, a grab test is	
	If any improper operation in writing of the condition	is observed which cannot is and the estimated date o	of correction.	user shall be notified immediately	
8.	All emergency calls will b		nd non-emergency calls within	n 72 hours.	
Includes shut	ting off electric current to the sy		ons of Warranty	ricting ventilation to the aerator, over	
loading the sy	stem above capacity, introducing	ng excessive amounts of harmfo	al matter into the system, or any oth	ner form of unusual abuse.	
effect at all ti	mes or the on-site sewage facilit	y permit is void. Failure to ma		may require a service policy to be in esult in fines, court cost, and penalties wner.	
	effective when signed by the hony reason at any time.	omeowner or homeowner's age	nt and accepted by Tri County Sept	cic. Tri County Septic may terminate this	
	nstalled during the contract will r \$60 per hour will be in effect to r		y Septic until full compensation for m	aterials and labor has been received.	
Inspection	n Agency:	Homeov	vner:		
		*Name:			
*Home Owner Signature:		*Addres	s:		
G . D	Tric 1 C 1	*City		Zip:	
Service B	y: Tri County Septic	*Phone#	<u> </u>		
License #	MP0001892/OS003302	<b>20</b> *Email:			
*Call o	rText Before Insp	ection due to: Aggre	ssive DogsLocked Ga	ites Gate Code	

Office Use Only:

Payment: Cash \_\_ Credit Card \_\_\_ Check # \_\_\_ Entered \_\_\_ Faxed \_\_\_ QB \_\_\_\_

Immediately following inspection, the OSSF inspector will call primary number listed above to notify the inspection is complete.

### **Tri County Septic**



Wastewater Recycling Specialists PO Box 283 – Royse City, TX 75189

903.285.5255 - Jack@triseptic.com - www.triseptic.com

Name	Date:		_Installation/Modification Quote \$ Due prior to excavation
Address		Phone:	Mastercard DISCOVER NETWORK
City	State: <u>TEXAS</u> Zip:		
	Installatio	on/Modification	on Policy
Term of	f Policy:		
1			tem with 2 spray heads and 12" hole per riser, according
2	accounted for during the bidding process may Add \$35 per additional spray head. Add \$2.75 Add \$30 per each additional 6" riser over 12". We will be responsible for dig test to locate pu	hat were not account result in an increase per foot of addition Add \$200 for contriblic utilities; these	ted for, or any reason requiring design changes not e in price. nal pipe. Add \$100 for timer. rol panel C Channel stand. markings must not be moved.
3	1 2 1	1 2 1	
4			tion or repair, tree or limb removal, landscaping, installation will be at the expense of the property owner.
5		c or any of its subco	ontractors liable for damage to any landscaping,
6			ling of the backfill materials, DO NOT walk on when
7	wet due to potential hazards until the materials.  Property owner will be responsible for obtaining County Septic for proper breaker and wire sizi	ng an electrician for	service from breaker box and having them contact Tri
8		sponsible manner a	nd report any defects or reports to Tri County Septic to be
9	Property owner will provide true and proper in	nformation on house failure due to overlo	e size, property size, number of occupants, etc. for eading, abuse, or not following proper usage guidelines of
1	0. Two (2) year Inspection Agreement included v		navment
	1. Two (2) year Manufacturers warranty on parts off electric current to the system for more than	included with insta 24 hours, disconne	Illation and payment. Warranty violations include shutting octing the alarm system, restricting ventilation to the ssive amounts of harmful matter into the system, or any
1		contact Tri County	Septic with ownership change information to be provided
	to the county records office.		
1	<ol> <li>All materials installed during the contract will materials and labor has been received. Labor ra</li> </ol>		of Tri County Septic until full compensation for will be in effect to re-install any removed materials.
	y becomes effective when signed by the Property nate this contract for any reason at any time.	Owner or their age	nt and accepted by Tri County Septic. Tri County Septic
I agree tha	at all information provided to Tri County Septic is	true and I agree wi	th all terms and conditions.
All payme A 5% han	ent is due in full prior to beginning excavation and dling fee for credit will be applied.	l installation. Check	or Cash preferred.
A cancella	ation fee of \$250, plus any expenses Tri County	Septic has incurre	ed for permits and design will be applied.
Property C	Owner or Agent signature:		Date:

Jack Self/Tri County Septic Date: License # MP0001892/OS0033020