



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.

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Name _____ Date: _____ Installation/Modification Quote \$ _____
Due prior to excavation

Address _____ Phone: _____   

City _____ State: TEXAS Zip: _____

Installation/Modification Policy

Term of Policy:

1. An installation or modification of a Base Aerobic Unit Septic System with 2 spray heads and 12” hole per riser, according to the specifications and design provided by an engineer, registered sanitarian or installer.
2. Any changes to the design including utilities that were not accounted for, or any reason requiring design changes not accounted for during the bidding process may result in an increase in price.
Add \$35 per additional spray head. Add \$2.75 per foot of additional pipe. Add \$100 for timer.
Add \$30 per each additional 6” riser over 12”. Add \$200 for control panel C Channel stand.
We will be responsible for dig test to locate public utilities; these markings must not be moved.
3. Property owner is responsible for location and repair of any private utilities.
4. Any removal of excavated materials, fence removal, utility relocation or repair, tree or limb removal, landscaping, sprinkler damage or any other damages that occur during normal installation will be at the expense of the property owner.
5. Property owner will not hold Tri County Septic or any of its subcontractors liable for damage to any landscaping, driveways, walkways or utilities in the area of excavation or areas used to obtain access to the installation area.
6. Backfill areas will be soft and can settle. In the event of slight settling of the backfill materials, DO NOT walk on when wet due to potential hazards until the materials have settled.
7. Property owner will be responsible for obtaining an electrician for service from breaker box and having them contact Tri County Septic for proper breaker and wire sizing.
8. Property owner will operate the system in a responsible manner and report any defects or reports to Tri County Septic to be evaluated. Owner’s manual may be included and will be available upon request.
9. Property owner will provide true and proper information on house size, property size, number of occupants, etc. for properly sized system. In the event of system failure due to overloading, abuse, or not following proper usage guidelines of the septic system, property owner will assume all responsibility.
10. Two (2) year Inspection Agreement included with installation and payment.
11. Two (2) year Manufacturers warranty on parts included with installation and payment. Warranty violations include shutting off electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, over loading the system above capacity, introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.
12. Upon sale of the property, new owner should contact Tri County Septic with ownership change information to be provided to the county records office.
13. All materials installed during the contract will remain the property of Tri County Septic until full compensation for materials and labor has been received. Labor rates of \$60 per hour will be in effect to re-install any removed materials.

This policy becomes effective when signed by the Property Owner or their agent and accepted by Tri County Septic. Tri County Septic may terminate this contract for any reason at any time.

I agree that all information provided to Tri County Septic is true and I agree with all terms and conditions.
All payment is due in full prior to beginning excavation and installation. Check or Cash preferred.
A 5% handling fee for credit will be applied.

A cancellation fee of \$250, plus any expenses Tri County Septic has incurred for permits and design will be applied.

Property Owner or Agent signature: _____ Date: _____

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

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 Inspection Agreement Price: \$ _____

Beginning Date: _____ Ending Date: _____ Manufacturer: _____



The County requests receipt of the agreement 30 days prior to the renewal date.

Service Policy

Term of Policy:

1. An inspection/service call every 4 months, which includes inspection, adjustments, and service of the mechanical and electrical components parts as necessary to ensure proper function. If any additional visits are necessary there will be an additional service charge.
2. If there is **NO ACCESS** to the on-site sewage facility (OSSF), there will be a **\$50 service charge to re-inspect system**, unless previously notified.
3. All **"CALL BEFORE"** customers will be notified the day prior to inspection via phone, voicemail or text. If there is **NO ACCESS** to the on-site sewage facility (OSSF), there will be a **\$50 service charge to re-inspect system**, unless previously notified.
4. An effluent quality inspection every 4 months consists of a visual check for color, turbidity, scum overflow, and examination for odor.
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, the user will bear the cost and the responsibility for doing so.
6. User is responsible for keeping the chlorine in the chlorinator. If chlorine test reveals no chlorine, a grab test is required. User will be responsible for the cost.
7. If any improper operation is observed which cannot be corrected at that time, the user shall be notified immediately in writing of the conditions and the estimated date of correction.
8. All emergency calls will be visited within 24 hours and non-emergency calls within 72 hours.

Violations of Warranty

Includes shutting off electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, over loading the system above capacity, introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

This policy does not include pumping of sludge from the unit if necessary. Your local Permitting Authority may require a service policy to be in effect at all times or the on-site sewage facility permit is void. Failure to maintain the permit requirements can result in fines, court cost, and penalties by the County and State regulatory agencies. Any fees for non-compliance are the responsibility of the homeowner.

This policy is effective when signed by the homeowner or homeowner's agent and accepted by Tri County Septic. Tri County Septic may terminate this contract for any reason at any time.

All materials installed during the contract will remain the property of Tri County Septic until full compensation for materials and labor has been received. Labor rates of \$60 per hour will be in effect to re-install any removed materials.

Inspection Agency:

Homeowner:

*Name: _____

***Home Owner Signature:**

*Address: _____

*City _____ Zip: _____

Service By: Tri County Septic

*Phone# _____

License # MP0001892/OS0033020

*Email: _____

*** __ Call or __ Text Before Inspection due to: Aggressive Dogs __ Locked Gates __ Gate Code ____**

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

Office Use Only:

Payment: Cash __ Credit Card _____ Check # _____ Entered _____ Faxed _____ QB _____