



**CITY OF HEATH**

200 Laurence Drive  
Heath, TX 75032

Main City Number: 972-771-6228

Fax: 469-273-4015

Inspection: 972-961-4892

**SUBMITTAL CHECKLIST FOR ON-SITE SEWAGE FACILITIES**

|                   |        |
|-------------------|--------|
| Owner's Name:     | Phone: |
| Property Address: |        |
| Designer's Name:  | Phone: |

Please provide the information listed below (references to applicable sections of the Texas Administrative Code are provided in parentheses). Using this checklist and having a complete package will ensure that the review process runs smoothly. Only complete submissions will be reviewed. **Please complete this checklist and turn it in with your application package.**

- 1. A complete application for an On-Site Sewage Facility Application signed by the property owner the initial application fee. (30 TAC §285.3 (b)(1)(A, D)) \$500.00 fee for a new system or to replace existing system. \$200.00 fee to modify existing system (example: move sprinkler heads).
- 2. Proof of property ownership must be submitted with the application in the form of a warranty deed or tax record. (30 TAC §285.5(a))
- 3. A legible floor plan of the residence/establishment showing all rooms, including closets, with dimensions and the total heated/air-conditioned square footage. (30 TAC §285.5(a))
- 4. A copy of the recorded plat with all associated plat notes or an official, stamped survey. (30 TAC §285.5)
- 5. If a Maintenance Contract is required under Ch. 285, please include a copy of the maintenance contract and a copy of the executed "Affidavit" (in packet) after it has been filed with the county. (30 TAC §285.3(b)(3))
- 6. Two complete sets of plans for the OSSF system and spray irrigation design (if applicable). If the system is professionally designed then the designer must sign, seal and date each page of the design calculations and the design drawings. (30 TAC §285.5(a))
- 7. The valid site evaluation report for the property containing information required on the City of Heath Site Evaluation form. Two profile holes are required at two ends (in locations representative of the whole drainfield) of the proposed drainfield area; additional profile holes are needed for each different drainfield area. (30 TAC §285.3(b)(1)(C) and 30 TAC §285.30(b)(1))
- 8. Floodplain information must be provided with the submittal that clearly indicates whether any portion of the site lies within the 100-year floodplain. If the site lies within the floodplain then the floodplain contour should be shown on the plans. (To ensure compliance with 30 TAC §285.30(b)(3)(B) and 30 TAC §285.31(c)(2))
- 9. Site Drawing shall be included with all features and separation distances clearly identified (i.e. trees, ponds, lakes, easements, flood zone, boring location, etc.). (30 TAC §285.30(b))
- 10. Tech Information Sheet
- 11. Pump Alarm Diagram



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Permit # \_\_\_\_\_ - \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Check # \_\_\_\_\_

Date Paid \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Receipt # \_\_\_\_\_

**APPLICATION FOR OSSF PERMIT**

|                                      |          |         |
|--------------------------------------|----------|---------|
| Job Address:                         |          |         |
| Legal Desc. Subdivision:             | Lot:     | Block:  |
| Other Than Subdivision               | Acreage: | Survey: |
| Public Water Supply: (Supplier Name) |          |         |

|   |              |
|---|--------------|
| Owner:                                    | Telephone #: |
| Address:<br>(Street) (City) (State) (Zip) |              |

|                  |                      |
|------------------|----------------------|
| OSSF Contractor: | Heath Registration # |
| Contact Name:    | Telephone #:         |
| Type of System:  | Brand:               |
| Work to be done: |                      |

|  |                  |
|--|------------------|
| Sq. ft. living:  | No. of bedrooms: |
| Commercial/Institutional (including Multifamily) Type: |                  |
| Water Saving Devices: Yes ( ) No ( )                   |                  |

|                 |              |
|-----------------|--------------|
| Site Evaluator: |              |
| License #:      | Telephone #: |

|            |              |
|------------|--------------|
| Designer:  |              |
| License #: | Telephone #: |

**Fee of \$500.00 per application (Due at application)**

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of Heath to enter upon the described property for the purpose of lot evaluation and inspection of the on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with the TCEQ On-Site Sewage Facility Rules, TAC 30, Chapter 285.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_  
(Agent or Owner)



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**OSSF TECHNICAL INFORMATION SHEET**

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

|  |  |
|--|--|
| Owner Name:                                  | Telephone #:   |
| Project Address:                             |  |
| Professional Design Required? Yes ( ) No ( ) | If YES, professional design attached? Yes ( ) No ( ) |

**Sewer (House Drain):**

|                        |                              |
|------------------------|------------------------------|
| Type and Size of pipe: | Slope of sewer pipe to tank: |
|------------------------|------------------------------|

**Daily Wastewater Usage Rate:**

|                            |
|----------------------------|
| Q= _____ (Gallons Per Day) |
|----------------------------|

**Treatment Unit:**

| Septic Tank      |                                       |
|------------------|---------------------------------------|
| Tank Dimensions: | Liquid Depth (tank bottom to outlet): |
| Size Required:   | Size Proposed:                        |

| Aerobic                           |                |
|-----------------------------------|----------------|
| Manufacturer:                     | Loading Rate:  |
| Size Required:                    | Size Proposed: |
| Pretreatment Tank: YES ( ) NO ( ) |                |

**Other:**

**(Please Attach Description)**

**Disposal System:**

|                |                |
|----------------|----------------|
| Type:          | Loading Rate:  |
| Area Required: | Area Proposed: |

Designer's Signature \_\_\_\_\_ Registration # \_\_\_\_\_ Date \_\_\_\_\_



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**SITE EVALUATION FOR AN ON-SITE SEWAGE FACILITY**

|                                   |        |           |                          |  |  |
|-----------------------------------|--------|-----------|--------------------------|--|--|
| Site Address:                     |        |           | Owner Name:              |  |  |
| Lot:                              | Block: | Lot Size: | Subdivision:             |  |  |
| <b>Site Evaluator Information</b> |        |           |                          |  |  |
| Name:                             |        |           | Email:                   |  |  |
| Address:                          |        |           | City, State, & Zip Code: |  |  |
| Phone Number:                     |        |           | Fax Number:              |  |  |

**SITE EVALUATION:** A minimum of two soil borings (profile holes) must be excavated at the opposite ends of the proposed disposal area. The profile holes must be excavated to a depth of two feet below the proposed excavation, or to a restrictive horizon, whichever is less. The profile hole locations must be indicated on the attached sketch or the site plan drawing if it is submitted.

**TOPOGRAPHY of the proposed drainfield area:** Slope: Flat (< 2%)\_\_ Slight (2% to 15%)\_\_ Severe (> 15%)\_\_

**FLOOD HAZARD:** Property is located within 100-year floodplain YES ( ) NO ( ). If yes, show the 100-year floodplain boundary with its elevation above the mean sea level on the sketch or site plan drawing.

**WATER SOURCE:** Public water supply, or the private water line, must be shown on the sketch or the site plan drawing.

| Profile Hole No. |            |              |                     |                     |          |
|------------------|------------|--------------|---------------------|---------------------|----------|
| Depth (Feet)     | Soil Class | Soil Texture | Restrictive Horizon | Drained Water Table | Comments |
| 0                |            |              |                     |                     |          |
| 1                |            |              |                     |                     |          |
| 2                |            |              |                     |                     |          |
| 3                |            |              |                     |                     |          |
| 4                |            |              |                     |                     |          |
| 5                |            |              |                     |                     |          |
| 6                |            |              |                     |                     |          |
| 7                |            |              |                     |                     |          |

**SITE EVALUATION FOR AN ON-SITE SEWAGE FACILITY (CONTINUED)**

| Profile Hole No. |            |              |                     |                     |          |
|------------------|------------|--------------|---------------------|---------------------|----------|
| Depth (Feet)     | Soil Class | Soil Texture | Restrictive Horizon | Drained Water Table | Comments |
| 0                |            |              |                     |                     |          |
| 1                |            |              |                     |                     |          |
| 2                |            |              |                     |                     |          |
| 3                |            |              |                     |                     |          |
| 4                |            |              |                     |                     |          |
| 5                |            |              |                     |                     |          |
| 6                |            |              |                     |                     |          |
| 7                |            |              |                     |                     |          |

**Sketch of the Site (if no Site Plan Drawing is submitted)**

I certify that the results of this report are based on my site observations and are accurate to the best of my ability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ License No.: \_\_\_\_\_  
 (Site Evaluator)

# Affidavit

THE COUNTY OF ROCKWALL  
STATE OF TEXAS

## CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to the Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of Rockwall County, Texas.

### I

The Texas Health and Safety Code, Chapter 366 Authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), 5.012 and 5.013, give the TCEQ 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 TCEQ, 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 TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representative or warranty by the TCEQ of the suitability of this OSSF nor does it constitute any guarantee by the TCEQ 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:

Addition: \_\_\_\_\_ Lot#: \_\_\_\_\_, Block # \_\_\_\_\_

Physical Address: \_\_\_\_\_

The property is owned by: \_\_\_\_\_

This OSSF shall be covered by a continuous service agreement for the first two years. After the initial two-year service agreement, the owner of an aerobic treatment system for a single family residence shall obtain a maintenance contract within 30 days.

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 City of Heath.

WITNESS BY HAND(S) ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
/\_\_\_\_\_  
(Owner(s) Signature(s))

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

\_\_\_\_\_  
Notary Public, State of Texas

My Commission Expires: \_\_\_\_\_

**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 **\$85 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 **\$85 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: \_\_\_\_\_

Service By: Tri County Septic

\*City \_\_\_\_\_ Zip: \_\_\_\_\_

Jack Self

\*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 \_\_\_\_\_



**Tri County Septic**  
 Wastewater Recycling Specialists  
 PO Box 283 – Royse City, TX 75189  
 903.285.5255 – [jack@triseptic.com](mailto:jack@triseptic.com) – [www.triseptic.com](http://www.triseptic.com)

Name \_\_\_\_\_ Date: \_\_\_\_\_  
 Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 City \_\_\_\_\_ State: TEXAS Zip: \_\_\_\_\_



**Installation/Modification Policy**

**Terms of Policy:**

1. An installation or modification of an Aerobic Septic System will be installed 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 \$40 per additional sprayhead over two (2). Add \$4.50 per foot of additional distribution line over 200'. Add \$250 for timer. Add \$40 per each additional 6" riser over 12". Add \$200 for control panel C Channel stand.
3. Property owner will be responsible for calling 811 (dig test) prior to installation. These markings must not be tampered with.
4. Property owner is responsible for locating and exposing ALL private utilities. Homeowner will be responsible for cost of any damages or repairs needed during the time of installation.
5. 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 installation will be at the expense of the property owner.
6. 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.
7. Backfill areas will be soft and can settle. In the event of settling of the backfill materials, DO NOT walk on when wet due to potential hazards until the materials have settled.
8. Property owner will be responsible for obtaining an electrical source for OSSF and contacting Tri County Septic for proper breaker and wire sizing if needed.
9. Property owner will operate the system in a responsible manner and report any defects to Tri County Septic to be evaluated. Owner's manual may be included and will be available upon request.
10. 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.
11. Two (2) year Inspection Agreement included with installation and payment. Access to the entire system needs to be accessible to inspector at all times.
12. Two (2) year Manufacturer's 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, overloading the system above capacity, introducing excessive amounts of harmful matter into the system, or any other form of abuse.
13. Upon sale of the property, new owner should contact Tri County Septic with ownership change information to be provided to the county records office.
14. 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 \$85 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**