

**HUNT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL SERVICES  
2701 JOHNSON STREET, GREENVILLE, TX. 75401  
Telephone: 903-408-4140 Fax: 903-454-2913  
E-Mail Address: [health@huntcounty.net](mailto:health@huntcounty.net)**

**HOW TO OBTAIN "AUTHORIZATION TO CONSTRUCT" FOR AN  
ON- SITE SEWAGE FACILITY**

**All items listed must be filled out properly. Any items missing or incorrect will delay the permit. All items listed must be turned in at the same time before payment for the permit will be accepted. The property owner must sign all documents requiring signatures.**

Fee: **\$335.00 Residential**                      Fee: **\$500.00 Commercial**

Application - (**Original** form in property owner's full name)

911 addresses - For installation site

Developmental Permit (Fee- \$40.00)-Obtained at "Hunt County Health Department." If permit is being applied for in advance you must provide our office with the homeowner's full name, the 911 address and a contact number. You can contact our office by phone at 903-408-4140.

Proof of Ownership - Most current copy of "deed"  
**Must be filed with County Clerk office and  
show filing stamp on the deed.**

Survey plat map of the property

Metes and bounds of the property (usually in deed)

Site Evaluation and design, technical information sheet (original)

**Items listed below are also required for AEROBIC systems only.**

"Affidavit" - Must be **ORIGINAL** provided by our office. Must have metes and bounds to prepare.

Maintenance Contract - Signed by property owner and installer.

"Aerobic Wastewater Treatment Systems Homeowners Information" form must be signed by property owner.

**"Authorization to Construct" will be issued when the application is reviewed and approved. (within 30 days for this process if all paperwork is in order)**

Payment: We accept cash/checks, money orders, debit/credit cards (Visa, Master Cards, Discover-with a convenience fee) . If paying by check or money order three separate checks will be required (OSSF Permit, Development Permit and the County Clerks Office )

# HUNT COUNTY HEALTH DEPARTMENT

2701 JOHNSON STREET, GREENVILLE, TX. 75401

Telephone: 903-408-4140, Fax: 903-454-2913

Permit # \_\_\_\_\_ Date: \_\_\_\_\_ Flood Plain Construction Permit: \_\_\_\_\_

## APPLICATION FOR ON-SITE SEWAGE DISPOSAL PERMIT

*Application fees are non-refundable and valid one year from date of purchase*

### OWNERS INFORMATION:

Property Owners Name: \_\_\_\_\_  
(Last) (First) (Middle In)

Driver License #: \_\_\_\_\_ Email (Required): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Address) (City) (ST) (Zip)

Telephone Numbers: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Required) (Home) (Work) (Other)

### PROPERTY INFORMATION:

Property Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(911 Address) (City) (Zip)

Subdivision (if applicable): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Phase) (Block #) (Lot #)

Number of acres: \_\_\_\_\_  Private Well or  Water Supply Co. \_\_\_\_\_  
(Name of Company)

Property ID# \_\_\_\_\_ Abstract: \_\_\_\_\_ Tract: \_\_\_\_\_ Deed: Volume \_\_\_\_\_ Page \_\_\_\_\_

### COMPLETE EITHER RESIDENTIAL OR COMMERCIAL

#### SINGLE FAMILY RESIDENT

Type of structure: House / Mobile Home / Metal Building / Other: \_\_\_\_\_

Check one of the following:  New resident  Existing resident, replacing system

Living Square Footage: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Number of People: \_\_\_\_\_

#### COMMERCIAL

Business name: \_\_\_\_\_ Type of business: \_\_\_\_\_

Contact person: (if other than owner): \_\_\_\_\_ Ph# \_\_\_\_\_

Is water used in a manufacturing process? \_\_\_\_\_ Square footage of structure(s) \_\_\_\_\_

Number of employees: \_\_\_\_\_ Days occupied per week: \_\_\_\_\_

(CONTINUE ON BACK)

Installer Name: \_\_\_\_\_ OS# \_\_\_\_\_ Phone # \_\_\_\_\_

Please review information about septic systems prior to signing below:

**How is the size of a septic system determined?** The size of a system is determined by the number of bedrooms, living square footage, and number of people occupying the resident. If room has a closet, it is considered to be a bedroom.

**What determines the type of system to be installed?** Soils, separation requirements, and topography issues.

**What if I have clay soils?** The TCEQ list 6 options for septic systems being installed in clay soils. Contact our office if you have questions about these options.

**Does Hunt County require aerobic systems only in clay soils?** NO

**If an aerobic system is installed, do I have to have a maintenance contract at all times on the system?** Yes

**Do I have any say so about my septic system design?** Yes. It is the homeowner's job to give input to the installer or/and designer, and to review the final design layout. Especially for any future improvements (garages, swimming pools, shops, ponds, ect.). If possible avoid areas where children play or directly behind the house where decks are located and the family grills and entertains outside. However, the smaller the property size, the less options a homeowner has for installing the system.

**PLEASE READ AND SIGN:**

The undersigned applicant certifies that all information supplied herein is true and correct to the best of their knowledge and no incorrect information was provided for purposes of obtaining an "Authorization to Construct". I have reviewed the design plans and understand the type of system being installed and where all components of the system will be located. Required items left blank or incomplete WILL delay "Authorization to Construct" till corrected.

**Applicant agrees to receive legal service by e-mail**

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**HUNT COUNTY DEVELOPMENT PERMIT APPLICATION**  
Hunt County Health Department 2701 Johnson Street Greenville TX 75401 903-408-4140  
PERMIT FEE \$40.00

1. Property Owner Name: \_\_\_\_\_  
Current Mailing address: \_\_\_\_\_  
Contact phone number(s): \_\_\_\_\_  
Email (optional): \_\_\_\_\_

Property Information:

Property ID # \_\_\_\_\_ Number of Acres \_\_\_\_\_  
If located in a subdivision complete the following:  
Name of Subdivision: \_\_\_\_\_ Section # \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_

2. Nature of proposed development: (check ALL that apply)  
( ) Requesting new 911 address  
( ) Residential or Commercial: If a business: Name \_\_\_\_\_ Type \_\_\_\_\_  
( ) New construction  
( ) Substantial improvement to existing structures  
( ) On-Site Sewage Facility  
( ) Alteration to or development within floodplain.  
( ) Other or Comments: \_\_\_\_\_

**WARNING:** Please read and acknowledge.

The flood hazard boundary maps and other flood data used by the Hunt County Floodplain Administrator in evaluating flood hazards to proposed developments are considered reasonable and accurate for regulatory purposes and are based on the best available scientific and engineering data. On rare occasions greater floods can and will occur and flood heights may be increased by man-made or natural causes. Issuance of an exemption certificate does not imply that developments outside the identified areas of special flood hazard will be free from flooding or flood damage. Issuance of an exemption certificate shall not create Liability on the part of Hunt County, the Hunt County Floodplain Administrator or any officer or employee of Hunt County in the event flooding or flood damage does occur. Note: Additional federal, state or local, permits may be required.

**IF PROPERTY IS DETERMINED TO BE LOCATED IN A FLOODPLAIN, THE APPLICANT WILL PROVIDE A COPY OF THE PLANS FOR THE PROPOSED CONSTRUCTION.**

\_\_\_\_\_  
Property Owner Signature

**DO NOT WRITE BELOW THIS LINE**

- Is any part of the property located in an identified flood hazard area? ( ) Yes ( ) No  
Is the proposed development located in an identified flood hazard area? ( ) Yes ( ) No  
Is the property located in the floodway? ( ) Yes ( ) No  
FIRM Zone Designation is: \_\_\_\_\_ FIRM Panel No. \_\_\_\_\_ Dated \_\_\_\_\_  
Base Flood Elevation at the site is \_\_\_\_\_ ft. NGVD (MSL) or is unavailable \_\_\_\_\_  
Is additional required (including letter of change)? ( ) Yes ( ) No  
Ensure that applicant is receiving the necessary federal, state, or local permits. ( ) Yes ( ) No

- ( ) Variance Issued ( ) Permit Application Approved ( ) Permit Application denied

Floodplain Administrator or representative \_\_\_\_\_ Date \_\_\_\_\_ Permit Number \_\_\_\_\_

New 911 address if requested: \_\_\_\_\_



## HUNT COUNTY HEALTH DEPARTMENT

2701 JOHNSON ST., GREENVILLE, TX. 75401  
Telephone: 903-408-4140 Fax: 903-454-2913

### **AEROBIC WASTEWATER TREATMENT SYSTEMS HOMEOWNERS INFORMATION**

**“Hunt County does not require aerobic systems, alternative systems are available”**

#### **Maintenance Contracts:**

Maintenance contracts go into effect the day the system is approved. The original installation contract is good for 2 years from that date. Maintenance contracts must be maintained at all times for an aerobic system. After 2 years the owner is responsible to renew the contract, but not required to use the original installer. Renewals must be submitted 30 days prior to expiration of the contract. Hunt County charges an administrative fee for each renewed contract.

#### **Testing and Reporting:**

Maintenance companies shall inspect a system 3 times a year minimum. This shall be done at 4 month intervals. Tags are to be placed on the unit or in breaker box so the maintenance provider can document inspections. Copies of the inspection report shall be sent to the County Health Dept. and the homeowner.

#### **Chlorine:**

Chlorine must be maintained in an aerobic system at all times. Chlorine is present to destroy any waterborne diseases that may be present. The homeowner is responsible to make sure the system always has chlorine.

#### **Property access:**

The owner must provide access to the aerobic unit when requested by the maintenance company and/or Health Department. This shall be provided during normal working hours (8 am - 5 pm, Monday - Friday). Access may be limited due to a locked gate or due to aggressive dogs, etc.

#### **Problems:**

If a problem arises with the unit that has been installed, immediately contact the current maintenance company. If at any time a problem is not corrected or the company fails to provide the required maintenance, contact our department.

#### **Altering the aerobic unit:**

Once an aerobic unit has been installed and inspected, it may not be altered in any way. Not by the homeowner or a licensed installer. This includes moving or changing the spray of the sprinklers or connecting another residence to the system. If something needs to be altered contact our office, a permit must be issued for any alteration and an inspection performed.

#### **Tank pumping:**

Aerobic system must be pumped about every 2-4 years. Failure to pump the system can result in BOD overloads and result in an odor. Failure to comply or correct the situation can result in costly repairs. Grease and garbage disposal can and will cause problems with any type of septic system.

**I have read and understand the requirements outlined above. This also includes any current or new regulations passed by the state or county. By installing a surface disposal wastewater system, I agree to meet all state and county regulations.**

Land owners signature: \_\_\_\_\_ Date: \_\_\_\_\_ Permit # \_\_\_\_\_

# AFFIDAVIT

THE COUNTY OF HUNT

STATE OF TEXAS

## CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

### I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code, § 5.012 and §5.013, gives the commission 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 commission, 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 commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded Affidavit is not a representation or warranty by the commission or the Permitting Authority of the suitability of this OSSF, nor does it constitute any guarantee by the commission or the Permitting Authority 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 the following:

Subdivision \_\_\_\_\_ Phase \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Abstract \_\_\_\_\_ Tract \_\_\_\_\_

Deed: Volume \_\_\_\_\_ Page \_\_\_\_\_

Property ID \_\_\_\_\_

The property is owned by: \_\_\_\_\_  
(Print Property Owners Full Name) (911 Address of Property)

This OSSF shall be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single-family residence shall either obtain a maintenance contract within 30 days of expiring, or maintain the system personally, with the proper training, and compliance of the Hunt County OSSF order.

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 Permitting Authority.

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

\_\_\_\_\_  
(Owners Signature)

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

\_\_\_\_\_  
Notary Public, State of Texas  
Notary's Printed Name  
My Commission Expires:  
NOTARY SEAL BELOW

**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: \_\_\_\_\_

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

Service By: Tri County Septic

\*Phone# \_\_\_\_\_

Jack Self  
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 \_\_\_\_\_



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**