

City of Nevada, TX

**SEPTIC
APPLICATION
PACKET**



SUBMIT ALL APPLICATIONS TO
cityclerk@cityofnevadatx.org

424 E FM 6, Nevada, TX 75173

APPLICATION REQUIREMENTS & CHECKLIST: ON-SITE WASTEWATER SYSTEM

1. Obtain an OSSF permit application from the City of Nevada.
2. A 911 address and property description are required.
3. A licensed Soil/Site Evaluator or State Licensed Engineer must conduct a complete site evaluation. A detailed report, documenting the results of the soil and site conditions in accordance with *30 TAC 285.30 & 30 TAC 285.31*, an original copy must be submitted for all systems installed.
4. When the application is approved, an Authorization to Construct Permit will be issued. The permit is valid for one (1) year from the date of authorization. If the system is not installed within a one (1) year period, the owner will be required to re-apply for a new permit and pay a new fee.
5. The installer must notify the City of Nevada for inspections/final inspection within five working days before the requested date of the final construction inspection.
6. **ALL EXCAVATIONS MUST BE LEFT OPEN UNTIL THE INSPECTION HAS BEEN COMPLETED.**
7. The Installer will contact the City of Nevada to set up a date and time for inspection/final inspection. At the final inspection, if the system meets all TCEQ and City of Nevada requirements, a notice of approval will be issued.
8. If you are applying for an Aerobic Treatment System or any other system that requires secondary treatment, these documents must be on file with the City Hall prior to inspection:
 - a. Signed & notarized affidavit showing ownership.
 - b. Property Deed.
 - c. Designs.
 - d. Permit Application.
 - e. Two-year maintenance contract.
9. The OSSF installer or the installer's registered apprentice on record must be present on site during all OSSF site inspections *30 TAC 285.50*

ALL OSSF APPLICATION FEES AND APPLICABLE RE-INSPECTION FEES MUST BE PAID TO THE CITY OF NEVADA BEFORE THE FINAL NOTICE OF APPROVAL OR AUTHORIZATION IS ISSUED

Owner Name: _____ Date: _____

PERMIT REQUIREMENTS:

All General Contractor and Sub-Contractors (Plumbing, Mechanical, and Electrical, etc.) are required to register or validate a Permit. A building permit or contractor permit will not be accepted if the application is not properly completed. This means that all required information must be submitted, and all **VALIDATED** contractors must be licensed and currently registered with the city of Nevada.

Failure to include or address or address all the following items may result in approval delays.

A. SOIL/SITE EVALUATION:

A minimum of two soil borings or backhoe pits must be excavated at opposite ends of the proposed disposal area. The borings or pits must be excavated to a depth of two feet below the proposed excavation of the disposal area, or to a restrictive horizon, whichever is less. Two copies of the analysis results and the drawings must be submitted. The following information must be included:

<input type="checkbox"/>	Depth of soil boring or backhoe pits.
<input type="checkbox"/>	Soil texture analysis, list the soil class
<input type="checkbox"/>	Gravel analysis
<input type="checkbox"/>	Restrictive horizon analysis
<input type="checkbox"/>	Ground water evaluation
<input type="checkbox"/>	Topography
<input type="checkbox"/>	Flood hazard
<input type="checkbox"/>	Vegetation
<input type="checkbox"/>	Location of water wells, existing or proposed, and on adjacent properties
<input type="checkbox"/>	Location of any streams, ponds, lakes, rivers, creeks, or slope that impact the site
<input type="checkbox"/>	Locations of foundations, buildings, surface improvements, property lines, easements swimming pools, and other structures existing or proposed

B. PLANNING MATERIAL:

Submit two (2) copies of the proposed treatment and disposal construction design. The following design criteria must be prepared and submitted for review:

<input type="checkbox"/>	A scale drawing of the on-site sewage facility, showing all structures served <i>30 TAC 285.5(A)</i>
<input type="checkbox"/>	Materials prepared by a professional Engineer or Professional Sanitarian must have appropriate seal, date, and signature <i>30 TAC 285.5 (A) (2) & (3)</i>
<input type="checkbox"/>	Proposed designs must clearly indicate property lines and the location of all water wells. <i>30 TAC 285.91 (10)</i>
<input type="checkbox"/>	Site plans must show streams, ponds, lakes, rivers, creeks, and slopes greater than 15%. <i>30 TAC 285.91 (10)</i>
<input type="checkbox"/>	Site plans must show surface improvements, easements, swimming pools, and any other structures, existing or proposed. <i>30 TAC 285.91 (10)</i>
<input type="checkbox"/>	All separation distances identified in <i>30 TAC 285.91 (10)</i> - (TABLE X) must be shown
<input type="checkbox"/>	A sectional view of the tanks, including a pump tank detail, and excavation

ON-SITE WASTEWATER SYSTEM GENERAL NOTES

- 1.** System installation must be completed by a registered installer of on-site sewage facilities. No component of this system shall be covered up without the City of Nevada written approval.
- 2.** If any discrepancies exist between the approved design and the actual field conditions, it is the installer's responsibility to immediately notify the designer and City of Nevada prior to start of any work and submit and receive approval of any necessary changes in the proposed construction.
- 3.** All construction methods and materials must be in accordance with the City/State rules and policies unless specifically noted on this drawing and approved by City of Nevada
- 4.** Site shall be carefully finish graded after completion of system installation to provide positive storm water runoff. Absorption area shall be crowned. Drainage swales shall be constructed to adequately convey storm water away from the absorption area.
- 5.** All inspections must be passed and Authorization to operate must be issued by City of Nevada before this on-site sewage facility can be used.
- 6.** This system, if installed and operated in accordance with this plan, should not present a hazard to public health or threaten proposed or adjacent water wells.

This form must be completed and turned in with your permit application.

Signature: _____ Date: _____



OSSF/Septic Permit Application

City of Nevada | 201 W FM 6 Nevada, TX 75173 | (972)-853-0027 | cityclerk@cityofnevadatx.org

1. PROPERTY OWNER'S NAME: _____
(Last) (First) (Middle)

2. CURRENT MAILING ADDRESS: _____

3. PHONE NO.: _____ EMAIL: _____

4. 911 SITE ADDRESS: _____

5. PROPERTY LEGAL ADDRESS: _____

Acreage: _____ Plat Date: _____ Subdivision Name (if applicable) _____

PLEASE ATTACH A VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY, OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION

6. SOURCE OF WATER: Private Well Public Water Supply: _____
(Name of Supplier)

7. SINGLE FAMILY RESIDENCE: NO. OF BEDROOMS: _____ LIVING AREA (FT²): _____

8. COMMERCIAL/INSTITUTIONAL (OTHER THAN SINGLE-FAMILY RESIDENCE) TYPE: _____

BUSINESS/INSTITUTION NAME: _____

RESPONSIBLE OFFICIAL: _____ NO. OF EMPLOYEES/UNITS: _____

9. SITE EVALUATOR: _____ LICENSE NO. _____

PHONE NO.: _____ EMAIL: _____

MAILING ADDRESS: _____

10. INSTALLER: _____ LICENSE NO. _____

PHONE NO.: _____ EMAIL: _____

MAILING ADDRESS: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of Nevada to enter upon the above-described property for the purpose of investigation of an on-site sewage facility.

SIGNATURE: _____ **DATE:** _____

**ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

PROFFESIONAL DESIGN REQUIRED? YES NO
If yes, professional design attached: YES NO

Designer Name: _____ License Type and No.: _____
Phone No.: _____ Email: _____
Mailing Address: _____

I. TYPE AND SIZE OF PIPING FROM:

Stub out to treatment tank: _____
Treatment tank to disposal system: _____

II. DAILY WATEWATER USAGE RATE: Q= _____ (gallons/day)

Water Saving Devices: YES NO

III. TREATMENT UNITS(S): Septic Tank Aerobic Unit

Tank Dimensions: _____ Liquid Depth (bottom of tank to outlet): _____
Size Proposed: _____ (gal.) Manufacturer: _____
Material/Model #: _____

Pretreatment Tank: YES SIZE: _____ (gal) NO NA
Pump/Life Tank: YES SIZE: _____ (gal) NO NA
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.

Soil/Site Evaluation

Planning Materials

DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT.

SIGNATURE: _____ **DATE:** _____

COUNTY OF Collin County
STATE OF TEXAS



AFFIDAVIT

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

The Texas Health and Safety Code, Chapter 366 authorizes the TCEQ to regulate OSSFs. Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, give 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 of the suitability of this OSSF, nor does it constitute any guarantee by the commission 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 **(INSERT OR ATTACH LEGAL DESCRIPTION ONLY):**

The property is owned by (OWNER'S FULL NAME) _____

This OSSF must 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 or maintain the system personally.

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 OSSF may be obtained from **Collin County Development Services**.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, 20____.

Owner(s) signature(s)

(PRINTED NAME)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 20____.

Seal

Notary Public, State of Texas

Notary's Printed Name: _____
My Commission Expires: ____/____/20____

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

*Email: _____

License # MP0001892/OS0033020

* 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 – 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