

## INSTRUCTION SHEET FOR APPLICATION FOR ON-SITE SEWAGE FACILITY (OSSF) LICENSE

OSSF Residential License   \$200.00

OSSF Commercial License   \$400.00

1. Please fill in every blank. If a statement is not applicable to your circumstances, fill in the blank with the initials N/A. **The application must be completed and signed by the homeowner.**
2. Please mail the complete application and planning materials (site evaluation, design, etc.), including necessary remittance, payable to the Sabine Rive Authority of Texas, Iron Bridge Division, PO Box 310, Point, Texas 75472.
3. No OSSF facilities may be constructed on any lot without a site-specific investigation by either a professional engineer or a licensed site evaluator. Non-conventional systems may require design planning materials to be completed by a professional engineer or registered sanitarian. All commercial OSSF's must be designed by a professional engineer.
4. Following examination of the application and review of the planning materials, the Authority will grant or deny the application and will mail a copy of the finding, including recommendation or additional requirements to the Applicant. **Work shall not begin until an Authorization to Construct has been issued.**
5. Each septic system within the Authority's regulatory zone must be inspected by the Sabine River Authority upon completion to insure that it complies with existing standards of the Texas Commission on Environmental Quality (TCEQ). When the system passes the final inspection, a License to Operate will be issued.
6. The 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 or **maintain the system personally.**
7. Licensee should specifically understand that the inspection and licensing of the OSSF does not guarantee that the system will function properly. It is the owner's responsibility to secure proper design and installation of their OSSF.
8. **Facility Owner's Responsibility:** A properly designed OSSF, properly constructed in a suitable soil, can malfunction if the amount of water it is required to dispose of is not controlled. It will be the responsibility of the owner to maintain and operate the facility in a satisfactory manner. *The proper performance of an OSSF cannot be guaranteed even though all provisions have been met.* Inspection and licensing authority shall indicate only that the facility meets minimum requirements and does not relive the owner from complying with County, State, and Federal regulations. OSSF's, although approved as meeting minimum standards, must be upgraded by the owner, at the owners expense, if the owner's operation of the facility results in objectionable odors, if unsanitary conditions are created, if pollution or nuisance conditions are threatened or occur, or if the facility when used does not comply with governmental regulations.

**ALL PERMIT FEES ARE  
NON-REFUNDABLE  
ONE PERMIT PER SYSTEM**

**On-Site Sewage Facilities  
Permit Application**

Permit Number	
Date	
Amount Paid	Receipt #

Authorized Agent: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_  
(Last) (First) (Middle) (Spouse/Other)

Mailing Address: \_\_\_\_\_  
(# & Street Name (or) P.O. Box # & Route # & Box #) (City) (Zip)

Telephone Number: \_\_\_\_\_  
(Home) and (Work) and/or (Other)

Site Address: \_\_\_\_\_  
(Address Required) (# & Street Name (or) P.O. Box # & Route # & Box #) (City) (Zip)

Lot \_\_\_\_\_, Block \_\_\_\_\_, Subdivision \_\_\_\_\_, Unit # \_\_\_\_\_

Acreage \_\_\_\_\_, Survey Name \_\_\_\_\_, Abstract \_\_\_\_\_, Deed Volume \_\_\_\_\_, Page \_\_\_\_\_

Tract \_\_\_\_\_, Section \_\_\_\_\_, GEO Number: \_\_\_\_\_

Water Usage Rate "Q"(gallons per day): \_\_\_\_\_ Water saving devices:  Yes  No

Source of Water:  Private Well  Public Water Supply - Name: \_\_\_\_\_

Single Family Residence: Number of Bedrooms \_\_\_\_\_ Square Footage Living Area \_\_\_\_\_

Commercial/Institutional/Multi-Family: Type: \_\_\_\_\_

Name of Business: \_\_\_\_\_

No. of Employees/Occupants/Units: \_\_\_\_\_ Days Occupied Per Week: \_\_\_\_\_

Site Evaluator: \_\_\_\_\_ Registration Number & Type: \_\_\_\_\_

Designer: \_\_\_\_\_ Registration Number & Type: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Installer: \_\_\_\_\_ Registration Number & Type: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Street, P.O. Box, or Route/City/Zip)

I hereby certify that under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that the information is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation or falsification may result in denial of my application. Authorization is hereby granted for the Permitting Authority to enter the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and related activities. A permit to operate the facility will be granted following a successful inspection of the system.

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Date)

**(ATC) AUTHORIZATION TO CONSTRUCT GRANTED BY:** \_\_\_\_\_

LICENSE NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (ATC) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS **"AUTHORIZATION TO CONSTRUCT"**, BASED ON PLANNING MATERIALS RECEIVED BY THIS DATE.

**(AO) INSPECTED AND APPROVAL TO OPERATE GRANTED BY:** \_\_\_\_\_

LICENSE NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (AO) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS **"NOTICE OF APPROVAL TO OPERATE"**, BASED ON FINAL SYSTEM INSPECTION, TO INCLUDE ANY APPROVED CHANGES OR MODIFICATIONS MADE AFTER RELEASE OF AUTHORIZATION TO CONSTRUCT.

**System Calculations**

**AEROBIC WASTEWATER TREATMENT SYSTEM WITH SPRAY IRRIGATION  
FOR FINAL DISPOSAL**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_ County: \_\_\_\_\_

**Generating Unit**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Water Saving Devices: \_\_\_ yes; \_\_\_ no

**Average Daily Flow**

Total: \_\_\_\_\_ gal/day

**Spray Area**

Application rate: \_\_\_\_\_ gal/sq. ft.

Spray area required = \_\_\_\_\_ gal/day / \_\_\_\_\_ gal/sq. ft. = \_\_\_\_\_ sq. ft.

Spray area installed = \_\_\_\_\_ sq. ft.

Calculations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Components of System**

Tanks: Pretreat \_\_\_\_\_ gal

Material \_\_\_\_\_

Aerobic \_\_\_\_\_ gal

Material \_\_\_\_\_ Brand/ Model \_\_\_\_\_

Pump \_\_\_\_\_ gal

Material \_\_\_\_\_

Chlorinator

Air Pump

½ hp submersible pump

Sprinklers

Audible & Visual Alarm

Sampling Port

Separate circuit breaker for pumps and alarms

Other:

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**Dosing Specifications**

Gallons/dosing cycle: \_\_\_\_\_

Number of dosing cycles: \_\_\_\_\_

Time of dosing cycles: \_\_\_\_\_

**Spray Area**

Slope: \_\_\_\_\_%

Vegetation: \_\_\_\_\_

Comments:

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

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL**

**ALL BLANKS MUST BE COMPLETED ( USE N/A IF NOT APPLICABLE)**

**PROPERTY OWNERS' NAME:** \_\_\_\_\_

**Professional Design Required:**    Yes    No    **If Yes, Is Professional Design Attached:**    Yes    No

**I. Sewer (House Drain):**

**Type and Size of Pipe:** \_\_\_\_\_ **Slope of Sewer Pipe to Tank:** \_\_\_\_\_  
(1/8 Inch Per Foot Minimum)

**II. Treatment/Pump Tank Unit (s):**

**Septic Tank (Two Compartments)    Septic Tank (Series)    Aerobic Unit**  
**Pretreatment Tank                                  Pump Tank**

**A. Pretreatment Tank Size (Gallons):** \_\_\_\_\_ **Shape/Material:** \_\_\_\_\_  
**Manufacturer:** \_\_\_\_\_

**B. Secondary Treatment Unit Size (Gallons):** \_\_\_\_\_ **Model:** \_\_\_\_\_  
**Manufacturer:** \_\_\_\_\_

**C. Pump Tank Size (Gallons)** \_\_\_\_\_ **Shape/Material:** \_\_\_\_\_  
**Manufacture:** \_\_\_\_\_

**Commercial Timer Required:**    Yes    No

**D. Septic Tank Size (Gallons):** \_\_\_\_\_ **Shape/Material:** \_\_\_\_\_  
**Liquid Depth (Tank Bottom to Outlet):** \_\_\_\_\_ **Manufacturer:** \_\_\_\_\_

**If Tanks in Series: Septic Tank #2 Size (Gallons)** \_\_\_\_\_ **Shape/Material:** \_\_\_\_\_

**Liquid Depth (Tank Bottom to Outlet):** \_\_\_\_\_ **Manufacturer:** \_\_\_\_\_

**E. Other (List):** \_\_\_\_\_

**III. Disposal System:**

**Type:**    Conventional    Surface    LPD    Drip    **Product Manufacture:** \_\_\_\_\_

**Pipe Size/Length:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Area Required:** \_\_\_\_\_ **Area Proposed:** \_\_\_\_\_

\_\_\_\_\_  
**DESIGNER'S SIGNATURE                                  REGISTRATION NO.                                  DATE**

**NOTE: This Form is Provided as a Supplemental Form and is not needed if all the information above is listed in the Planning Materials. This Form may be requested by the Permitting Authority.**

## OSSF Soil & Site Evaluation

Page 1 (Soil & Site Evaluation)

Date Performed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Owner: \_\_\_\_\_

Site Location: \_\_\_\_\_ Proposed Excavation Depth: \_\_\_\_\_

**REQUIREMENTS:**

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil borings or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed disposal field excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on this form. Indicate depths where features appear.

Soil Boring Number: _____					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

Soil Boring Number: _____					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

### FEATURES OF SITE AREA

- Presence of 100 year flood zone  Yes  No
- Presence of upper water shed  Yes  No
- Presence of adjacent ponds, streams, water impoundments  Yes  No
- Existing or proposed water well in nearby area (within 150 feet)  Yes  No
- Ground Slope \_\_\_\_\_ %

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

\_\_\_\_\_  
(Signature of person performing evaluation)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Registration Number and Type

**Page 2 (Soil & Site Evaluation):**

Date Performed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Site Location: \_\_\_\_\_  Subsurface Disposal  Surface Disposal

**Schematic of Lot or Tract**

**Show:**

Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and any other structures where known.

Location of existing or proposed water wells within 150 feet of the property.

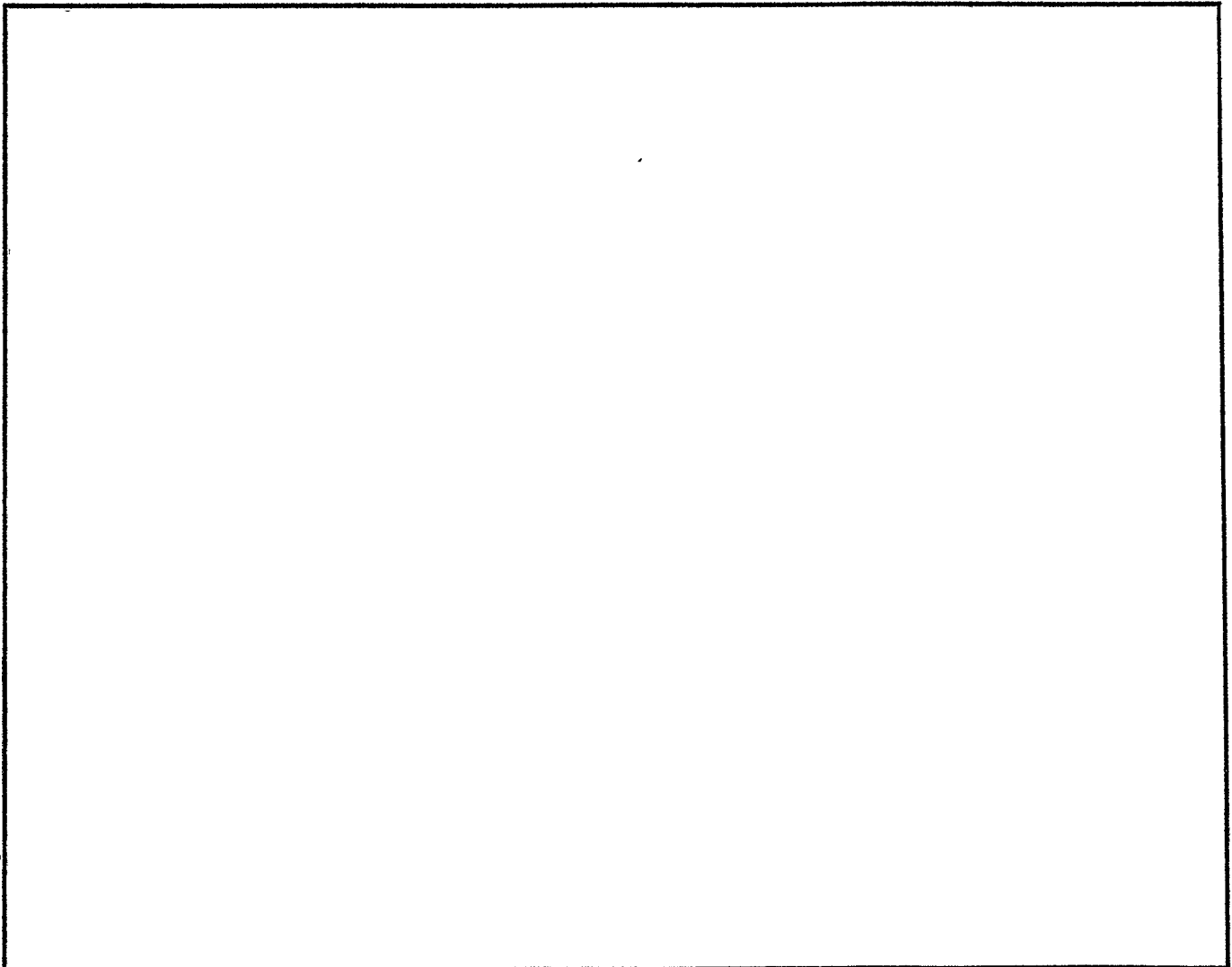
Indicate slope or provide contour lines from the structure to the farthest location of the proposed disposal field.

Location of soil boring or excavation pits (show location with respect to a known reference point).

Location of natural, constructed, or proposed drainage ways (ditches, streams, ponds, lakes, rivers, etc.), water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size: \_\_\_\_\_ or Acreage: \_\_\_\_\_

**SITE DRAWING**



**COPY OF WARRANTY DEED REQUIRED**

**COPY OF WARRANTY DEED REQUIRED**



**AFFIDAVIT**

THE COUNTY OF \_\_\_\_\_

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 \_\_\_\_\_ County Texas.

**I.**

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 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:

Lot(s) \_\_\_\_\_, Block \_\_\_\_\_, Subdivision \_\_\_\_\_, Unit # \_\_\_\_\_  
Acreage \_\_\_\_\_, Survey Name \_\_\_\_\_, Abstract \_\_\_\_\_, Deed Volume \_\_\_\_\_, Page \_\_\_\_\_  
Tract \_\_\_\_\_, Section \_\_\_\_\_, GEO Number: \_\_\_\_\_

The property is owned by (insert owner's full name): \_\_\_\_\_

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 or maintain the system personally.

If this OSSF is located on two or more separate legal tracts of land, (as noted above) the tracts cannot be sold separately. This document must be recorded with each tract's property deed affected by the OSSF.

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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Owner signature(s))

\_\_\_\_\_  
(Owner(s)signature(s))

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**