

OSSF (On-site Sewage Facility) Instructions for obtaining a Permit#

- 1) Choose a Site & Soil Evaluator. (TCEQ website listed as www.tceq.texas.gov)
An Aerobic or Conventional will be designed to best benefit your home & property.
- 2) Application: complete #1 – #8 and sign “Signature of Owner” & “Date”.
To be completed by Installer, #9 – #11 & Technical Sheet.
- 3) A legal description is required for all installations of any system. (Only 1)
(Warranty Deed, Model Deed, Metes & Bounds or a Survey.)
UNLESS in a Subdivision - a Plat is also Required.
(This does NOT have to be filed with the AFFIDAVIT for Aerobic & Non-Standard systems.)
- 4) A scale drawing of the system and its surroundings (home, well & property boundaries).
- 5) AEROBIC & NON-STANDARD systems must be designed by a P.E. (Professional Engineer) or R.S. (Registered Sanitarian).
- 6) AEROBIC & NON-STANDARD systems require a signed Maintenance Contract.
- 7) AEROBIC & NON-STANDARD systems **require** a **notarized Affidavit with a legal description of property:** (Subdivision, Lot# or Tract#, Abstract#, Survey, Acreage) **filed** at the Somervell County Clerk’s Office at the Annex (across from the County Court House).

AFFIDAVIT: (Filing an AFFIDAVIT) website: pa.co.somervell.tx.us

CLICK - [Click here to acknowledge the disclaimer and enter the site.](#)
SCROLL over Real Estate and Click on “Search Real Estate Index”

Type in Party Name: _____

Click on “Search”

Locate: “Name” - Associated Name and scroll until you find correct Name (**CLICK**)

Locate: Instrument#, Book, Page (**CLICK**)

EXAMPLE: (This is where the Instrument#, or Volume, Page are located for the AFFIDAVIT)

0
General Legal Description Related Documents
Document Detail

Instrument #: DRW001

Multi Seq:

Document Date: 01-01-1900

Date Filed: 01-01-1900

Document Type: WARRANTY DEED

Book:


Page: 01

GF Number:

Microfilm Code:

Remarks:

Pages in Image: 3

Image: 

- 8) All systems require a Final Inspection before system and trenches are covered.

SOMERVELL COUNTY
APPLICATION FOR ON-SITE SEWERAGE FACILITY (OSSF)

NEW CONSTRUCTION

Permit Amount

TCEQ REGION #4

PERMIT NO.

Date Received

1. **PROPERTY OWNER'S NAME:** _____

(Last)

(First)

(Middle)

2. **CURRENT MAILING ADDRESS:** _____

3. **CELL PHONE NO:** _____ **EMAIL:** _____

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: WARRANTY DEED, MODEL DEED, METES & BOUNDS, 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:** _____ (Sq. Ft.)

9. **COMMERCIAL / INSTITUTIONAL (other than single-family residence) TYPE:** _____

BUSINESS / INSTITUTION NAME: _____

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

10. **SITE EVALUATOR:** _____ **LICENSE NO:** _____

CELL PHONE NO: _____ **EMAIL:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

11. **INSTALLER:** _____ **LICENSE NO.:** _____

CELL PHONE NO: _____ **EMAIL:** _____

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 Somervell County Designated Representative to enter upon the above described property for the purpose of site/soil evaluation and inspection of the On-Site Sewerage Facility. 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 Sewerage Facility Rules, TAC 30, Chapter 285.

SIGNATURE OF OWNER: _____ **DATE:** _____

SOMERVELL COUNTY
TECHNICAL INFORMATION FOR APPLICATION

PERMIT NO. _____

PROFESSIONAL DESIGN REQUIRED? Yes No If *yes*, professional design attached: Yes No

DESIGNER NAME: _____ License Type and No.: _____

CELL PHONE NO: _____ EMAIL: _____

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): Size Required _____ (gals.) Septic Tank Aerobic Unit
A.

• Tank Dimensions: _____ Liquid Depth (bottom of tank to outlet): _____

• Size Proposed: _____ (gal.) Manufacturer: _____

• Material/Model #: _____

• **Pretreatment Tank:** Yes SIZE: _____ (gal.) No _____ N/A

• **Pump/Lift Tank:** Yes SIZE: _____ (gal.) No _____ N/A

B. OTHER Yes No If *yes*, please attach description.

IV. DISPOSAL SYSTEM:

Disposal Type: _____ Manufacturer & Model: _____

AREA REQUIRED: _____ *SQUARE FEET* _____ *LINEAR FEET*

AREA PROPOSED: _____ *SQUARE FEET* _____ *LINEAR FEET*

V. ADDITIONAL INFORMATION:

NOTE – THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

A. Soil/Site Evaluation

B. Planning material (If Applicable)

DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT. UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

SIGNATURE (INSTALLER OR DESIGNER): _____ **DATE:** _____

If you have questions on how to fill out this form or about the on-site system facility program, please contact us at (254) 897-2239. Individuals are entitled to request and review the personal information that the agency gathers on its forms and may also have any errors in their information corrected.

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF *SOMERVELL*
STATE OF TEXAS

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

I

The Texas Health and Safety Code, Chapter 366, authorizes the TCEQ to regulate On-Site Sewage Facilities (OSSFs). Additionally, the Texas Water Code (TWC), §5.012 and §5.013, gives 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. 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, TCEQ 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 TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by 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 (*instrument number or volume and page of recorded deed and legal description*):

Instrument#: _____ or Volume: _____ Page: _____

Legal Description (Subdivision, Lot# or Tract#, Abstract#, Survey, Acreage): _____

911 Address, City, State, Zip Code: _____

The property is owned by: _____
(Owner's Full Name)

This OSSF shall be covered by a continuous Maintenance Contract for the first two years. After the initial two-year Maintenance Contract, the owner of an aerobic treatment system for a single family residence shall obtain a Maintenance Contract with 30 days of expiration of the initial Contract.

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 permit materials for the OSSF may be obtained from the Somervell County Environmental Officer.

WITNESS MY HAND(S) THIS _____ DAY OF _____, _____.

Owner(s) signature(s)

Print Name(s)

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

Returned to: _____

Notary Public, State of Texas

Notary's Printed Name

My Commission Expires