

*All Permit Fees Are
*Non- Refundable
*One Permit Per System

**HENDERSON COUNTY
On-Site Sewage Facilities
PERMIT APPLICATION**

Permit Number

Date

Property Owner's Name _____
(First) (Middle) (Last)

Owner's Mailing Address _____ City / State _____ Zip _____

Site Address _____ City / State _____ Zip _____
(Note: An accurate 911 Street Address is Required!)

Phone Number _____
(Cell) (Work) (Home)

Subdivision _____ Lot # _____ Block/Unit # _____

Other Than Subdivision: Acreage _____ Survey _____ Abstract _____

Maximum Water Consumption (Gals/Day): _____ Actual _____ Estimated _____

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 _____

Number of Employees/ Occupants/ Units _____ Days Occupied Per Week _____

Site Evaluator: _____ Registration No. & Type _____

Designer: _____ Registration No. & Type _____

Address: _____ Phone _____

Installer: _____ Registration No. & Type _____

Address: _____ Phone _____

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 a site evaluation and inspection of the on-site facility and related activities. A permit to operate the on-site facility will be granted following a successful inspection of the system, provided the system has been installed in compliance with the TCEQ's On-Site Sewage facility Rules, TAC 30, Chapter 285.

(Property Owner's Signature) (Date)

APPROVAL FOR CONSTRUCTION BY _____

(On-Site Inspector)
License Number: OS # 0006515 Date _____

(A copy of this application with approval signature from the Designated Representative shall serve as "Authorization to Construct" based on planning materials received)

INSPECTED & APPROVED TO OPERATE BY: _____

(On-Site Inspector)
License Number: OS# 0006515 Date _____

A copy of this application with approval signature from the Designated Representative shall serve as "Notice of Approval to Operate" based on Final System Approval, to include any approved changes or modifications made after release of Authorization to Construct.

THE COUNTY OF HENDERSON *
STATE OF TEXAS *

AFFIDAVIT TO THE PUBLIC:

According to the Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document must be filed in the Official Public Records of HENDERSON County.

The Texas Health & Safety Code, Chapter 366 authorizes the T.C.E.Q. to regulate on-site sewage facilities. The T.C.E.Q., under the authority of the Texas Water Code and the Texas Health & Safety Code, requires owners to provide notice to the public when certain types of on-site sewage systems are located on specific properties. To achieve this notice, the T.C.E.Q. requires an Official Public Record recording. Additionally, the owner must provide proof of the recording to the local OSSF Permitting Authority. This document is not a warranty or representation by the T.C.E.Q. or the local Permitting Authority of the suitability of this O.S.S.F. System, nor does it constitute any guarantee by the T.C.E.Q. or the local Permitting Authority that the appropriate OSSF was installed at this property.

(Land Owners Printed Name): _____ who after being duly sworn by me, upon oath, states that he/she is the owner/owners agent of record of the certain tract, lot or parcel of land located in HENDERSON County, Texas and being more particularly described as follows;

Site Address (Required) _____
Lot _____, Block _____, Unit _____ Subdivision _____
Acres _____, Survey Name _____ Abstract # _____
Land Records: Volume _____, Page _____, Cabinet _____ Slide _____ Document # _____

(See Attached Legal Property Description if Required)

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. 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 system may be obtained from the Permitting Authority.

WHITNESS MY HAND THIS _____ DAY OF _____, 20_____.

(Owner's Signature)

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

BY _____
(Owner's Printed Name)

Return To;
(Property Owner or Person Filing the Document)

NOTARY PUBLIC, STATE OF TEXAS SIGNATURE & SEAL

**INITIAL TWO YEAR AEROBIC SYSTEM SERVICE POLICY AGREEMENT
HENDERSON COUNTY, TEXAS**

Maintenance Provider Name: _____ Phone No. _____

Property Owners Name: _____ Phone No. _____

Property Site Address: _____

The listed Maintenance Provider and Property Owner of the above described property hereby enter into a contract to provide the initial two-year service policy required by the State of Texas to inspect and service the new aerobic treatment system as required by TAC 285.91(12).

- A. The **Maintenance Provider** will, at a minimum, inspect, service & clean as needed the following items;
Aerators and their filters, Pumps and their filters, Diffusers, Disinfection Devices, Electrical Components & Circuits, Distribution System including spray heads, Valves, Etc. as applicable.
Aerobic tanks and Pump tanks will be checked for scum, sludge levels, turbidity, color and odors.
The **Maintenance Provider** will perform a chlorine residual test once each scheduled visit and any other tests required by the TCEQ.
- B. When the **Owner** calls with a complaint regarding the system's operation, the **Maintenance Provider** will respond to the complaint within 48 hours. Any items found to be in need of service that are still covered by the warranty will be replaced or repaired immediately under the provisions of the warranty. Payment for items replaced or repaired that are no longer in warranty is the immediate responsibility of the **Property Owner**. The **Property Owner** will pay for non-scheduled service calls resulting from the **Property Owners** or Tenants abuse of the system, negligence or inability to properly operate the system. **Property Owners** are also responsible for the cost of pumping sludge from the system.
- C. The **Maintenance Provider** will inspect, service and test this system at least once every four months for a 2- year period or more frequently according to all TCEQ Requirements and/or additional conditions of the permit.
- D. The **Property Owner** is Responsible for Maintaining the Disinfection in the system at all times.

The Name & Address of the **Maintenance Provider** responsible for fulfilling the terms of this service Policy is identified below.

Maintenance Provider Address _____

Maintenance Provider Phone Number _____

ACCEPTED BY _____ Date: _____
(Property Owner)

ACCEPTED BY _____ Lisc. # _____ Date: _____
(Licensed Maintenance Provider)

HENDERSON COUNTY, TEXAS

On-Site Sewage Facility Technical Information for Permit

(Do Not Begin Construction prior to Application Approval. Unauthorized Construction can result in Civil Penalties)

Property Owners Name: _____ Application #. _____

Professional Design Required? _____ Yes _____ No (If Yes, Design Must be Attached)

Sewer Pipe: (House Drain)

Type & Size of Pipe _____ 4" SDR - 26 Pipe _____

Slope of Sewer Pipe to Tank _____ 1/8" Per / Foot _____

Daily Wastewater Usage Rate: _____ (Gallons/Day)

Water Saving Devices? _____ Yes _____ No

Treatment System:

Septic Tank

Tank Dimensions _____ Liquid Depth to Bottom of Outlet _____

Size Required _____ Size Proposed _____

Aerobic Tank

Manufacturer _____ Model #. _____

Size Required _____ Size Proposed _____

Pre-Treatment Tank _____ Yes _____ No _____ Size _____

Other _____

(Please Attach Description)

Disposal System:

Type _____

Area Required _____ SQ. FT. Area Proposed _____ SQ. FT.

Additional Information Required: This Information Must be Attached for Review to be Completed.

_____ Site Evaluation

_____ Planning Materials (System Design)

The attached checklist details those items that must be addressed under each of these categories)

Designer / Installers Signature

Registration #

Date