

All Permit Fees Are  
Non- Refundable  
One Permit Per System

VAN ZANDT COUNTY  
On-Site Sewage Facilities  
PERMIT APPLICATION

\_\_\_\_\_  
Permit Number  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Amount Paid      Receipt #

Property Owner's Name \_\_\_\_\_  
Owner's Mailing Address \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Spouse/Other)  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Site Address \_\_\_\_\_ (Note: An accurate 911 Street Address is Required!) City \_\_\_\_\_, TX. Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Block/Unit # \_\_\_\_\_  
Acreage \_\_\_\_\_ Survey \_\_\_\_\_ Abstract \_\_\_\_\_ Tract \_\_\_\_\_ Section \_\_\_\_\_  
GEO Number \_\_\_\_\_ Deed Volume \_\_\_\_\_ Page \_\_\_\_\_  
Water Usage Rate (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 \_\_\_\_\_  
Business Name \_\_\_\_\_ # 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)

**AUTHORIZATION TO CONSTRUCT GRANTED BY:** \_\_\_\_\_  
License Number: \_\_\_\_\_ (On-Site Inspector)  
Date \_\_\_\_\_

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

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**INSPECTED & APPROVED TO OPERATE GRANTED BY:** \_\_\_\_\_  
License Number: \_\_\_\_\_ (On-Site Inspector)  
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 Inspection, to include any approved changes or modifications made after release of Authorization to Construct.



**INITIAL TWO YEAR AEROBIC SYSTEM SERVICE POLICY AGREEMENT  
VAN ZANDT 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)

# VAN ZANDT 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