

**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.

**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 onsite 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: \_\_\_\_\_, Block: \_\_\_\_\_, Subdivision: \_\_\_\_\_, Phase: \_\_\_\_\_,  
Acreage: \_\_\_\_\_, Survey Name: \_\_\_\_\_, Abstract: \_\_\_\_\_, Deed Volume: \_\_\_\_\_, Page: \_\_\_\_\_,  
Tract: \_\_\_\_\_, Section: \_\_\_\_\_, Instrument/Document 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.

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 \_\_\_\_\_, 2019.

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

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

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2019.

\_\_\_\_\_  
Notary Public, State of Texas  
Notary's Printed Name  
My Commission Expires:  
**NOTARY SEAL BELOW:**

# INITIAL TWO-YEAR AEROBIC SYSTEM SERVICE POLICY AGREEMENT

\_\_\_\_\_, TEXAS

The listed Maintenance Provider and Property Owner hereby enter 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 minimum, inspect, service, and clean as needed the following items: Aerators and their filters, pumps and their filters, diffusers, disinfectant devices, electrical components and 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 **Property 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 under 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 non-scheduled service calls resulting from the **Property Owners or Tenants** abuse of the system, negligence, or inability to properly operate the system.
- C. The **Maintenance Provider** will inspect, service, and test this system at least once every four months for a two-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 and address of the Maintenance Provider and Property Owner responsible for fulfilling the terms of this service policy is:

Maintenance Provider Name/Telephone:

D3 SEPTIC

14370 County Rd 3507, Murchison 75778

903.780.5858

Property Owner Name/Site Address:

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

Accepted by:

Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Maintenance Provider \_\_\_\_\_ MP# \_\_\_\_\_ Date \_\_\_\_\_