

# ON-SITE SEWAGE FACILITY PERMIT APPLICATION SMITH COUNTY, TEXAS

(Contact Information: J. MICHAEL PLEDGER - Office: 903-592-3636 or Cell 903-714-4939)

1. Property Owner's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Owner's Current Mailing Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_

3. Site Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_  
 (Note: An accurate 911 Street Address is Required !! - If necessary call 903-566-8911 to obtain the address)

4. Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Unit # \_\_\_\_\_ Size of Lot / Acreage \_\_\_\_\_

5. Type of Structure: New Building \_\_\_\_\_ OR Existing Building \_\_\_\_\_ Year Built ? \_\_\_\_\_

6. Residence: Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Heat & Cooled Living Area \_\_\_\_\_ Sq. Ft.

7. Commercial / Institutional \_\_\_\_\_ # of Employees \_\_\_\_\_  
 or Multi-Family \_\_\_\_\_ (Describe)

8. Daily Water Usage Rate \_\_\_\_\_ GPD. Water Saving Fixtures ? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Source of Water: Private Well \_\_\_\_\_ Public Water Supply \_\_\_\_\_

10. Proposed Licensed Installer: D-3 SEPTIC COMPANY - Matthew Daniel License # RI # 33016

12. What Type & Size of Treatment System \_\_\_\_\_

13. What Type & Size of Disposal System \_\_\_\_\_

14. Other Pertinent Information: \_\_\_\_\_

I hereby certify that this application and attached permitting materials contain no willful or negligent misrepresentation or falsifications and that the information is true, accurate & complete to the best of my knowledge. I understand that any misrepresentation or falsification of facts 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 sewage facility. A permit to operate the OSSF will only be granted following a successful inspection of the system. **I understand this Permit to Construct will expire in 12 months.**

\_\_\_\_\_  
 (Property Owner's Printed Name) (Property Owner's Signature)

|  |                      |
|--|----------------------|
| Permit Fee for an alteration of an existing or previously permitted OSSF .....                             | \$ 150.00            |
| Permit Fee for a conventional single family septic system installation or upgrade .....                    | \$ 250.00            |
| Permit Fee for a single family aerobic spray, drip irrigation or LPD system (Includes affidavit fee) ..... | \$ <del>339.00</del> |
| Permit Fee for a commercial or multi-family aerobic or septic system (Add \$20. for affidavit fee) ....    | \$ 400.00            |
| Permit surcharge added to above fees for any unlawfully operated or installed system .....                 | \$ 100.00            |

Re-Inspection fees are 1/2 of the original permit fee.

**All fees are paid in advance: Make checks payable to "PLEDGER & ASSOCIATES".**

**APPROVAL FOR CONSTRUCTION BY** \_\_\_\_\_ **PERMIT #** \_\_\_\_\_  
 J. MICHAEL PLEDGER OS # 0018316

(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 FOR USE BY:** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 J. MICHAEL PLEDGER OS # 0018316

(A copy of this application with approval signature from the Designated Representative shall serve as "Notice of Approval to Operate" based on Final Inspection of the OSSF)

THE COUNTY OF SMITH \*  
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 SMITH 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 SMITH County, Texas and an OSSF requiring a maintenance contract, according to 30 Texas Administrative Code 285.91(12) will be installed on this property which is described as the following:

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. Neither the maintenance company nor the property owner may alter the OSSF in any way without prior approval of the Permitting Authority. 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

\_\_\_\_\_, 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 \_\_\_\_\_