

**NORTHEAST TEXAS MUNICIPAL WATER DISTRICT**  
On-Site Sewage Facilities (OSSF) Permitting

The Northeast Texas Municipal Water District (NETMWD) is the Permitting Authority for the following counties in Texas:

***UPSHUR***  
***MARION***  
***MORRIS***  
***CASS***

This OSSF permit application packet contains the application and other necessary documents to submit a permit application

**Steps to take to obtain permit:**

- Obtain permit application packet from the Permitting Authority (NETMWD)
- Have a registered Site Evaluator or Professional Engineer perform the mandatory **site and soil evaluation** as identified in 285.30 of the OSSF rules
- Have a qualified individual prepare planning materials (Technical Information) and **scaled drawings** as specified in 285.5 of the OSSF rules.
- Submit completed application (in property owner's name) with all pages intact and having no blank lines. Include the appropriate fee and original copies of each of the following: 1) planning materials; 2) site and soil evaluation; 3) system design to scale; 4) affidavit and maintenance contract ( aerobic systems); and 5) accurate directions to site.
- NETMWD staff will review the application, fees and planning material and owner will be notified as to the status. (Non standard systems may require review by TCEQ staff depending on the complexity of the system and this could lengthen the process)
- Upon approval, an Authorization to Construct will be issued. The ATC will be valid for one year from date of issuance.
- Begin construction. An inspection of the installation is required before covering any part of the system. The installer is responsible for making sure the installation is done as depicted in the application. If changes are needed during construction, stop work and submit the changes to the Permitting Authority for review.
- After the system has been inspected and found to meet the requirements of TCEQ and all required documents have been submitted, an Approval to Operate (ATO) will be issued to the owner of the property

**PERMIT APPLICATION FEES**

Single Family Residence \$210.00    Multi Family/Commercial \$410.00

**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 \_\_\_\_\_, Tract \_\_\_\_\_, Section \_\_\_\_\_,

GEO Number: \_\_\_\_\_ Deed Volume \_\_\_\_\_, Page \_\_\_\_\_

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.

# OSSF Soil & Site Evaluation

Page 1 (Soil & Site Evaluation)

Date Performed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Owner: \_\_\_\_\_

Site Location: \_\_\_\_\_ Proposed Excavation Depth: \_\_\_\_\_

**REQUIREMENTS:**

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil borings or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed disposal field excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on this form. Indicate depths where features appear.

Soil Boring Number: _____					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

Soil Boring Number: _____					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

### FEATURES OF SITE AREA

- Presence of 100 year flood zone  Yes  No
- Presence of upper water shed  Yes  No
- Presence of adjacent ponds, streams, water impoundments  Yes  No
- Existing or proposed water well in nearby area (within 150 feet)  Yes  No
- Ground Slope \_\_\_\_\_ %

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

\_\_\_\_\_  
(Signature of person performing evaluation)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Registration Number and Type

Date Performed: \_\_\_/\_\_\_/\_\_\_

Site Location: \_\_\_\_\_

Subsurface Disposal     Surface Disposal

**Schematic of Lot or Tract**

**Show:**

Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and any other structures where known.

Location of existing or proposed water wells within 150 feet of the property.

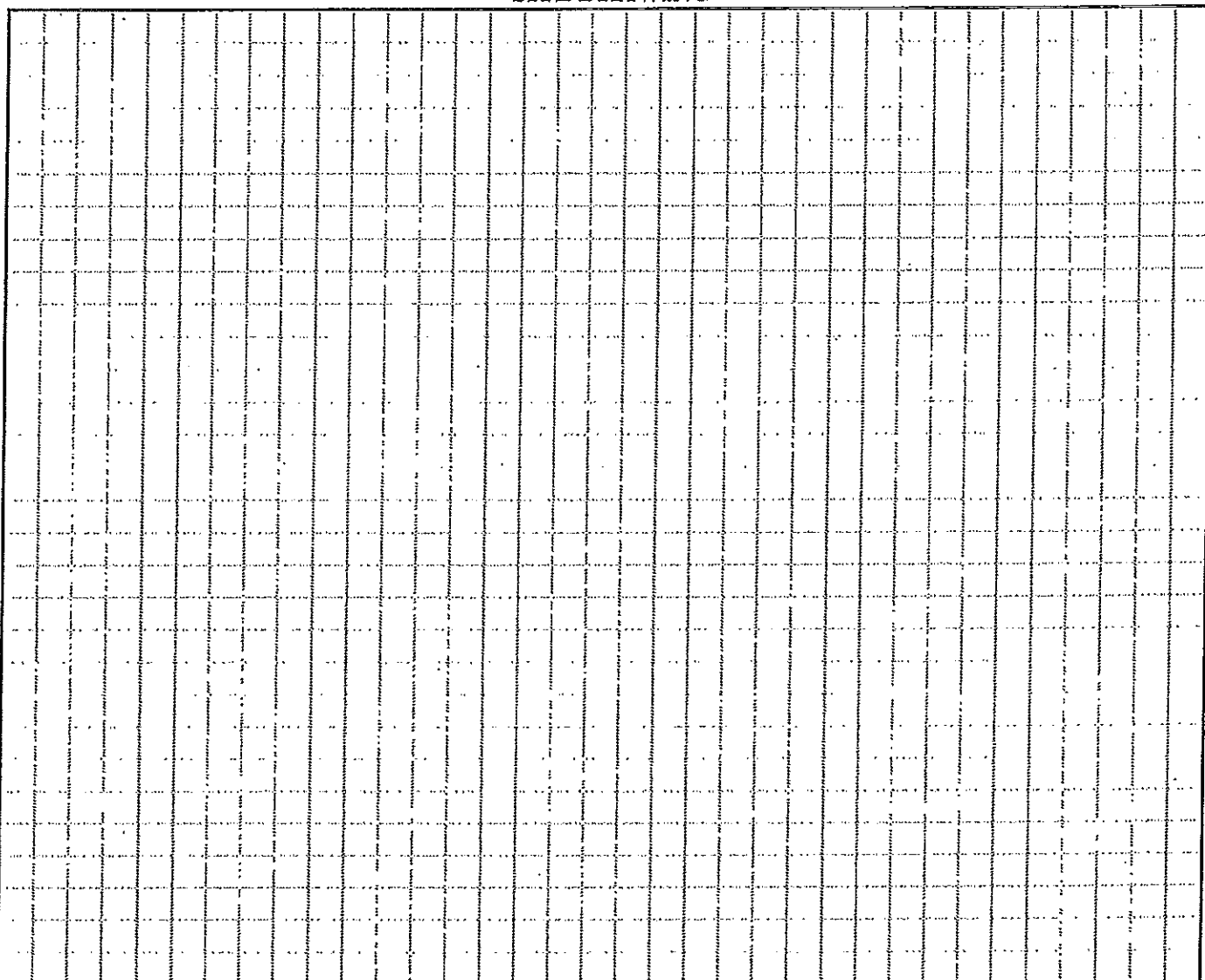
Indicate slope or provide contour lines from the structure to the farthest location of the proposed disposal field.

Location of soil boring or excavation pits (show location with respect to a known reference point).

Location of natural, constructed, or proposed drainage ways (ditches, streams, ponds, lakes, rivers, etc.), water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size: \_\_\_\_\_ or Acreage: \_\_\_\_\_

**SITE DRAWING**



**SUPPLEMENTAL INFORMATION  
ON-SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR PERMIT**

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL**

All Blanks Must Be Completed (Use N/A if Not Applicable)

**PROPERTY OWNER'S NAME:** \_\_\_\_\_

Professional design required:  Yes  No      If yes, is professional design attached:  Yes  No

**I. Sewer (House Drain):**

Type and size of pipe: \_\_\_\_\_ Slope of sewer pipe to tank: \_\_\_\_\_  
(1/8 inch per foot minimum)

**II. Treatment/Pump Tank Unit:**

Septic Tank (two compartments)     Septic Tank (series)     Aerobic Unit  
 Pretreatment Tank                       Pump Tank

**A. Pretreatment Tank Gallons/Size:** \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Material/Shape: \_\_\_\_\_

**B. Secondary Treatment Unit Gallons/Size:** \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

**C. Pump Tank Gallons/Size:** \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Material/Shape: \_\_\_\_\_

Commercial timer required:  Yes  No

**D. Septic Tank Gallons/Size:** \_\_\_\_\_ Material/Shape: \_\_\_\_\_

Liquid Depth (tank bottom to outlet): \_\_\_\_\_ Manufacturer: \_\_\_\_\_

If Series Tanks:

Septic Tank(2)      **Size:** \_\_\_\_\_ Material/Shape: \_\_\_\_\_

Liquid Depth (tank bottom to outlet): \_\_\_\_\_ Manufacturer: \_\_\_\_\_

**E. OTHER (List):** \_\_\_\_\_

**III. DISPOSAL SYSTEM:**

Type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Pipe Sizes/Amounts: \_\_\_\_\_

Area required: \_\_\_\_\_ Area proposed: \_\_\_\_\_

\_\_\_\_\_  
DESIGNER'S SIGNATURE

\_\_\_\_\_  
REGISTRATION NO.

\_\_\_\_\_  
DATE

**NOTE: This form is provided as a supplemental form and is not needed if all the information above is listed in the planning materials.**

PA6/2-2004-Revised-Final

**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 (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the 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. The 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, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ or the Permitting Authority of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ 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 (insert legal description):

Lot \_\_\_\_\_, Block \_\_\_\_\_, Subdivision \_\_\_\_\_, Unit # \_\_\_\_\_  
Acreage \_\_\_\_\_, Survey Name \_\_\_\_\_, Abstract \_\_\_\_\_, Deed Volume \_\_\_\_\_, Page \_\_\_\_\_  
Tract \_\_\_\_\_, Section \_\_\_\_\_, GEO Number: \_\_\_\_\_

The property is owned by (insert owner's full name): \_\_\_\_\_

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company, and a signed maintenance contract must be submitted to the Permitting Authority within 30 days after the property has been transferred.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Permitting Authority.

WITNESS BY HAND(S) ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

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

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

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

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Notary's Printed Name

\_\_\_\_\_  
My Commission Expires:

**On-Site Sewage Facility Maintenance  
Initial Warranty Contract**

Installation Location: \_\_\_\_\_

System Owner: \_\_\_\_\_ Installation Co.: \_\_\_\_\_

Permitting Authority: \_\_\_\_\_

Maintenance Co.: \_\_\_\_\_

Installation Date: \_\_\_\_\_

Brand Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Other Information on System: \_\_\_\_\_

**INITIAL POLICY**

This policy is included in the original purchase price and shall provide an Inspection/Service Call once every four months for a 2 year period from the date that a final permit is issued by the permitting authority. If no chlorine is found in the chlorinator, chlorine shall be added to obtain a residual at owners expense. If any improper operation is observed which cannot be corrected at that time, the user shall be notified immediately in writing of the conditions and the estimated date of correction and cost, if applicable. The following items shall be checked at time of each site visit:

1. Aerator/s
2. Surface application pump/s(if applicable or disposal field pumps)
3. Recirculation Pump/s (if applicable)
4. Disinfection Device (if applicable)
5. Chlorine Supply (if applicable)
6. Electrical Circuits
7. Distribution System
8. Filter/s (if applicable)
9. Sprayfield (or disposal field, if other) Vegetation/Seeding
10. Settled Sludge depth in the pretreatment and aerobic tanks.

Any call or request for service outside the routine service provided under this contract will be responded to within \_\_\_ hours and if the problem encountered is not covered under warranty of product or workmanship, there will be a service charge of \$ \_\_\_\_\_ per hour with a minimum of \_\_\_ hours per call. All additional charges shall be authorized by the owner.

**VIOLATIONS OF WARRANTY including shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, or introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse may void warranty of system components.**

Chlorine supply for the chlorinator is to be maintained by \_\_\_\_\_.

Homeowner has received and agrees to "Operation Tips". \_\_\_\_\_ (Intl.)

**THIS POLICY DOES NOT INCLUDE PUMPING SLUDGE FROM UNIT IF NECESSARY**

**Texas Commission on Environmental Quality Rules require a service policy to be in effect at all times for this system.**

I agree to abide by the service policy as stated above:

Service Company Employee Certified by the Manufacturer: \_\_\_\_\_

License Type and License No. \_\_\_\_\_

Accepted by: \_\_\_\_\_  
(Owner)

Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_  
(Service Company Representative)

Date: \_\_\_\_\_

## TESTING AND REPORTING RECORD

This testing and reporting record shall be completed, signed and dated after each inspection. A copy shall be retained by the Maintenance Company or Homeowner performing the inspection. A copy of the inspection shall be sent to the Permitting Authority within 14 days of Inspection. If a Maintenance Company performed the inspection, a copy shall be sent to the system owner.

1. PROPERTY OWNER \_\_\_\_\_ Actual Date of Inspection \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_ PERMIT# \_\_\_\_\_

### 2. SYSTEM INSPECTION

<u>Inspected Item</u>	<u>Operational</u>	<u>Inoperative</u>
Aerator	_____	_____
Filters	_____	_____
Application Pumps	_____	_____
Disinfecting Device	_____	_____
Chlorine Supply	_____	_____
Electrical Circuits	_____	_____
Distribution System	_____	_____
Other as Noted _____	_____	_____

### 3. REPAIRS TO SYSTEM

(List all components replaced {including serial numbers}) \_\_\_\_\_

(CONTINUE ON BACK)

### 4. TEST REQUIRED AND RESULTS

<u>Test</u>	<u>Required</u>	<u>Results</u> mg/l or mpn/100ml	<u>Test Method</u> (Device Used)
BOD (grab)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
TSS (grab)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Cl <sub>2</sub>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Fecal Coliform	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

5. GENERAL COMMENTS OR RECOMMENDATIONS \_\_\_\_\_

(CONTINUE ON BACK)

6. SIGNATURE (PERSON PERFORMING TEST) \_\_\_\_\_

7. Printed Name Of Person Performing Test \_\_\_\_\_  
(TCEQ Registration Number)

**PLEASE COMPLETE AND RETURN TO LOCAL PERMITTING AUTHORITY**