

HOW TO OBTAIN A PERMIT FOR AN ON-SITE SEWAGE FACILITY

Irregular and/or undersized lots, substantial variances to the "Construction Standards", unconventional design, or innovative systems you must submit Appropriate supporting documents.

- ❑ Obtain an **Application** and all related documents.
- ❑ Have a **Site Evaluation** (site and soil classification) performed by a **Site Evaluator** or **Professional Engineer**.
- ❑ Submit the **Fee** and one **original copy** (in property owner's name) of each of the following: **Application**, **Soil and Site Evaluation Results**, **Technical Data Sheet**, **Complete Design of System** along with any additional or supporting documents to the **Permitting Authority** in your County for review.
- ❑ **Application** and **Plans** will be reviewed by the Permitting Authority in your County.
- ❑ Upon approval, **Authorization** will be issued to begin construction.
- ❑ Begin construction*. An **Inspection** of the installation is required **Before** covering of the system. Contact the **Permitting Authority** in your County in advance to arrange an inspection.
- ❑ After a successful inspection, a **Notice of Approval** will be issued to the owner.

FEES: **CONTACT THE PERMITTING AUTHORITY IN YOUR COUNTY**

***If a person other than the property/system owner does construction, that person must hold a valid Texas Installer Certificate of Registration**

Leave no blank places on the Permit Application page (3)

ON-SITE WASTERWATER SYSTEM CHECKLIST FOR DESIGNED SYSTEM

OWNER'S NAME _____

The following information must be included with the design package for review by the Hopkins County Environmental Quality. Failure to include or address all of the following items may result in approval delays.

- Plans and Report must bear a Signed and Dated Seal of the responsible Registered Sanitarian or Registered Professional Engineer.** The address and telephone number of this person must also be included in the submittal.
- A Report must be included in the submittal containing the following information:**
 - Basis of design
 - Site Evaluation
 - System flow and sizing calculations
 - Material specifications
 - Size and model number of approved aerobic system (if used)
- Construction Drawing must include the following information:**
 - A Scaled, Legible Site Plan with Boundary Description
 - The location of all buildings (existing or proposed) on the site plan
 - The location of the wastewater treatment units and disposal area
 - Setback Distances and Water Wells must be identified and located on the site plan
 - The site plan must also include topographical contours for slopes greater than 15%
 - Easements and Bodies of Water (lakes, streams, creeks, ditches, ponds etc.) must be identified
 - Installation details such as septic tank configuration, layouts, cross-sections of drainfields and disposal beds, irrigation systems and pump station including piping and controls

Signature of Designer

Address

Telephone Number

*ALL PERMIT FEES ARE NON REFUNDABLE
*ONE PERMIT PER SYSTEM

Permit Number: _____
Date: _____

HENDERSON COUNTY

On-Site Sewage Facilities Permit Application

Property Owner's Name: _____
(first) (middle) (last)

Mailing Address: _____
(Street) (city) (zip)

Phone No.: _____ / _____ / _____
(Home) (Work) (other)

Site Address: _____
(Address required: 911 address and/or County Road #) (City) (Zip)

Subdivison Name: _____ Block _____ Lot _____

Other than Subdivison: Acreage: _____ Survey: _____

*For Legal Description Please attach proof of ownership documents.

Maximum Water Consumption (gallons per 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 No. _____
(Street, PO Box, or Router/City/Zip)

Installer: _____ Registration No. & Type _____

Address: _____ Phone No. _____
(Street, PO Box, or Router/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 the lot evaluation and inspection of on-site facility and related activities. **A permit to operate the 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.**

Signature of Owner

Date

(AC) Approved For Construction By: _____ License No. _____ Date: _____

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (AC) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS "**AUTHORIZATION TO CONSTRUCT**", BASED ON PLANNING MATERIALS RECEIVED BY THIS DATE.

(AO) INSPECTED AND APPROVAL TO OPERATE GRATED BY: _____
On-Site Inspector 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 FIANAL SYSTEM APPROVAL, IF CHANGES WERE MADE AFTER RELEASE OF AUTHORIZATION TO CONSTRUCT.

**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 OWNERS'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 (s):

Septic Tank (Two Compartments) Septic Tank (Series) Aerobic Unit
Pretreatment Tank Pump Tank

A. Pretreatment Tank Size (Gallons): _____ **Shape/Material:** _____
Manufacturer: _____

B. Secondary Treatment Unit Size (Gallons): _____ **Model:** _____
Manufacturer: _____

C. Pump Tank Size (Gallons) _____ **Shape/Material:** _____
Manufacture: _____
Commercial Timer Required: Yes No

D. Septic Tank Size (Gallons): _____ **Shape/Material:** _____
Liquid Depth (Tank Bottom to Outlet): _____ **Manufacturer:** _____
If Tanks in Series: Septic Tank #2 Size (Gallons) _____ **Shape/Material:** _____
Liquid Depth (Tank Bottom to Outlet): _____ **Manufacturer:** _____

E. Other (List): _____

II. Disposal System:

Type: Conventional Surface LPD Drip **Product Manufacture:** _____
Pipe Size/Length: _____ **Other:** _____
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. This Form may be requested by the Permitting Authority.

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

