

APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION

COUNTY OF INSTALLATION

1. PROPERTY OWNER'S NAME: _____
(Last) (First) (Middle)
2. CURRENT MAILING ADDRESS _____
3. DAYTIME TELEPHONE NO.: _____
4. 911 SITE ADDRESS: _____
5. LEGAL DESCRIPTIONS: Sec. _____ Block _____ Lot _____ Plat Date _____
SUBDIVISION: _____
OTHER THAN SUBDIVISION: Acreage: _____ Survey Name: _____
Abstract Name/No.: _____
6. PHYSICAL LOCATION/DIRECTIONS TO SITE: _____

7. SOURCE OF WATER: Private Well Public Water Supply _____
(Name of Supplier)
8. SINGLE FAMILY RESIDENCE: No. of Bedrooms _____ Living Area (ft²) _____
9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED PER WEEK: _____
10. SITE EVALUATOR: _____ LICENSE NO. _____
PHONE NO.: _____
11. DESIGNER: _____ LICENSE NO. (PE or RS) _____
PHONE NO.: _____
12. INSTALLER: _____ LICENSE NO. _____
PHONE NO.: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Texas Commission on Environmental Quality to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

(SIGNATURE OF OWNER)

(DATE)

ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT
APPLICATION # _____

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.**

OWNER'S NAME: _____ COUNTY: _____

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

I. SEWER (House drain):

TYPE AND SIZE OF PIPE: _____ SLOPE OF SEWER PIPE TO TANK: _____

II. DAILY WASTEWATER USAGE RATE: Q= _____ (gallons/day)

WATER SAVING DEVICES: Yes No

III. TREATMENT UNIT: Septic Tank Aerobic Unit

A. • TANK DIMENSIONS _____ • LIQUID DEPTH (BOTTOM OF TANK TO OUTLET): _____

• SIZE REQUIRED: _____ • SIZE PROPOSED: _____

• MANUFACTURER: _____ • MATERIAL/MODEL #: _____

• PRETREATMENT TANK: Yes SIZE: _____ (GAL) No NA

B. OTHER: _____

(Please attach description)

IV. DISPOSAL SYSTEM: TYPE: _____

• AREA REQUIRED: _____ • AREA PROPOSED: _____

V. ADDITIONAL INFORMATION:

A. SOIL/SITE EVALUATION

B. PLANNING MATERIALS

The attached checklist details those items that must be addressed under each of these categories.

DESIGNER'S SIGNATURE LICENSE NO DATE.

ON-SITE SEWAGE FACILITIES LAYOUT

(Show where the system is located on your property)

ANY REQUEST FOR AN EXCEPTION TO THE ON-SITE SEWAGE FACILITY CONSTRUCTION STANDARDS MUST BE IN WRITING AND APPROVED BY A CITY OFFICIAL.

AUTHORIZATION IS HEREBY GIVEN TO THE CITY OF BROOKSIDE VILLAGE, THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ), THE TEXAS DEPARTMENT OF HEALTH AND TO THEIR AGENTS, OR DESIGNEES, SINGULARLY OR JOINTLY TO ENTER UPON THE ABOVE DESCRIBED PROPERTY DURING DAYLIGHT HOURS FOR THE PURPOSE QUALITY PROGRAM OF THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ) AND THE TEXAS DEPARTMENT OF HEALTH. I ACKNOWLEDGE THAT INSPECTION OF THE SEWAGE SYSTEM IS REQUIRED PRIOR TO ALL COMPONENTS BEING COVERED TO REQUEST INSPECTION. A FORTY-EIGHT (48) HOUR ADVANCE NOTICE MUST BE GIVEN TO THE PERMIT DEPARTMENT AT (281) 485-3048.

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

APPLICANT SIGNATURE _____
PROPERTY OWNER DATE

CITY OFFICIAL SIGNATURE _____
DATE

AFFIDAVIT TO THE PUBLIC
(TO BE REGISTERED WITH THE BRAZORIA COUNTY CLERK)

THE COUNTY OF BRAZORIA

STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage (OSSFs) Facilities, this document is filed in the Deed Records of Brazoria County, Texas.

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) to regulate on-site 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 owner's 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 of the suitability of this OSSF, nor does it constitute any guarantee by the commission 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)

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 Brazoria County Environmental Health Department.

WITNESS BY HAND(S) on this _____ day of _____ 20_____.

Property Owner Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____ 20_____.

SEAL

Notary Public, State of Texas

Notary's Printed Name/Expiration Date

NOTE: Recorder mail to: Brazoria County Environmental Health Department, 111 E. Locust, Angleton, Texas 77515
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