



**Texas Commission on Environmental Quality**  
**APPLICATION FOR ON-SITE SEWAGE FACILITY**  
**NEW CONSTRUCTION**

**TCEQ REGION NUMBER**

**COUNTY OF INSTALLATION**

<b>TCEQ USE ONLY</b>
APPLICATION NO.
DATE RECEIVED
AMOUNT

1. PROPERTY OWNER'S NAME: \_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_
2. CURRENT MAILING ADDRESS: \_\_\_\_\_
3. HOME PHONE NO.: (\_\_\_\_\_) \_\_\_\_\_ OTHER or FAX NO.: (\_\_\_\_\_) \_\_\_\_\_
4. 911 SITE ADDRESS: \_\_\_\_\_
5. PROPERTY LEGAL DESCRIPTION: \_\_\_\_\_

Acreage: \_\_\_\_\_ Plat Date: \_\_\_\_\_ Subdivision name (if applicable): \_\_\_\_\_

*PLEASE ATTACH VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY, OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION*

6. DIRECTIONS TO SITE: \_\_\_\_\_  
\_\_\_\_\_
7. SOURCE OF WATER:  Private Well  Public Water Supply \_\_\_\_\_  
(Name of Supplier) \_\_\_\_\_
8. SINGLE FAMILY RESIDENCE: No. of Bedrooms: \_\_\_\_\_ Living Area (ft<sup>2</sup>): \_\_\_\_\_
9. COMMERCIAL/INSTITUTIONAL (other than single-family residence) TYPE: \_\_\_\_\_  
BUSINESS / INSTITUTION NAME: \_\_\_\_\_  
RESPONSIBLE OFFICIAL: \_\_\_\_\_ NO. OF EMPLOYEES/UNITS: \_\_\_\_\_
10. SITE EVALUATOR: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_  
PHONE NO.: (\_\_\_\_\_) \_\_\_\_\_ OTHER or FAX NO.: (\_\_\_\_\_) \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
11. INSTALLER: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_  
PHONE NO.: (\_\_\_\_\_) \_\_\_\_\_ OTHER or FAX NO.: (\_\_\_\_\_) \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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: \_\_\_\_\_

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

**Texas Commission on Environmental Quality**

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

**PROFESSIONAL DESIGN REQUIRED?:**  Yes  No If yes, professional design attached:  Yes  No

Designer Name: \_\_\_\_\_ License Type and No. \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ Other or Fax No. (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)**

Stub out to treatment tank: \_\_\_\_\_

Treatment tank to disposal system: \_\_\_\_\_

**II. DAILY WASTEWATER USAGE RATE: Q= \_\_\_\_\_ (gallons/day)**

Water Saving Devices:  Yes  No

**III. TREATMENT UNIT(S):**  Septic Tank  Aerobic Unit

A. • Tank Dimensions: \_\_\_\_\_ • Liquid Depth (bottom of tank to outlet): \_\_\_\_\_

• Size Proposed: \_\_\_\_\_ (gal) • Manufacturer: \_\_\_\_\_

• Material/Model #: \_\_\_\_\_

• Pretreatment Tank:  Yes SIZE: \_\_\_\_\_ (gal)  No  NA

• Pump/Lift Tank:  Yes SIZE: \_\_\_\_\_ (gal)  No  NA

B. OTHER  Yes  No If yes, please attach description.

**IV. DISPOSAL SYSTEM:**

Disposal Type: \_\_\_\_\_

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

Area Proposed: \_\_\_\_\_ square feet

**V. ADDITIONAL INFORMATION:**

**NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.**

**A. Soil/Site evaluation      B. Planning materials (If Applicable)**

**DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT.  
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE  
PENALTIES.**

**SIGNATURE OF INSTALLER OR DESIGNER: \_\_\_\_\_ DATE: \_\_\_\_\_**

*If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at your local regional office or at 512/239-3799. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.*

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**TRI-COUNTY SEPTIC**  
Wastewater Recycling Specialists  
PO Box 283  
Royse City, TX 75189

Office 903-285-5255  
Fax 877-273-4380  
jack@triseptic.com  
www.triseptic.com



Permit # \_\_\_\_\_ Due Date: \_\_\_\_\_ Annual Inspection Agreement Price: \$ \_\_\_\_\_



Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

The County requests receipt of the agreement 30 days prior to the renewal date.

## Service Policy

### Term of Policy:

1. An inspection/service call every 4 months, which includes inspection, adjustments, and service of the mechanical and electrical components parts as necessary to ensure proper function. If any additional visits are necessary there will be an additional service charge.
2. If there is **NO ACCESS** to the on-site sewage facility (OSSF), there will be a **\$85 service charge to re-inspect system**, unless previously notified.
3. All "CALL BEFORE" customers will be notified the day prior to inspection via phone, voicemail or text. If there is **NO ACCESS** to the on-site sewage facility (OSSF), there will be a **\$85 service charge to re-inspect system**, unless previously notified.
4. An effluent quality inspection every 4 months consists of a visual check for color, turbidity, scum overflow, and examination for odor.
5. A sample shall be pulled from the pump tank every 4 months as described in the "SOLIDS REMOVAL" section to determine if there is an excess of solids in the treatment plant. If the test results determine a need for solid removal, the user will bear the cost and the responsibility for doing so.
6. User is responsible for keeping the chlorine in the chlorinator. If chlorine test reveals no chlorine, a grab test is required. User will be responsible for the cost.
7. 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.
8. All emergency calls will be visited within 24 hours and non-emergency calls within 72 hours.

### Violations of Warranty

Includes shutting off electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, over loading the system above capacity, introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

**This policy does not include pumping of sludge from the unit if necessary.** Your local Permitting Authority may require a service policy to be in effect at all times or the on-site sewage facility permit is void. Failure to maintain the permit requirements can result in fines, court cost, and penalties by the County and State regulatory agencies. Any fees for non-compliance are the responsibility of the homeowner.

This policy is effective when signed by the homeowner or homeowner's agent and accepted by Tri County Septic. Tri County Septic may terminate this contract for any reason at any time.

All materials installed during the contract will remain the property of Tri County Septic until full compensation for materials and labor has been received. Labor rates of \$60 per hour will be in effect to re-install any removed materials.

**Inspection Agency:**

**Homeowner:**

\*Name: \_\_\_\_\_

\*Home Owner Signature: \_\_\_\_\_

\*Address: \_\_\_\_\_

Service By: Tri County Septic

\*City \_\_\_\_\_ Zip: \_\_\_\_\_

Jack Self

\*Phone# \_\_\_\_\_

License # MP0001892/OS0033020

\*Email: \_\_\_\_\_

\* Call or Text Before Inspection due to: Aggressive Dogs Locked Gates Gate Code \_\_\_\_\_

Immediately following inspection, the OSSF inspector will call primary number listed above to notify the inspection is complete.

**Office Use Only:**

Payment: Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check # \_\_\_\_\_ Entered \_\_\_\_\_ Faxed \_\_\_\_\_ QB \_\_\_\_\_



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

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State: TEXAS Zip: \_\_\_\_\_



### Installation/Modification Policy

#### Terms of Policy:

1. An installation or modification of an Aerobic Septic System will be installed according to the specifications and design provided by an engineer, registered sanitarian or installer.
2. Any changes to the design including utilities that were not accounted for, or any reason requiring design changes not accounted for during the bidding process may result in an increase in price.  
Add \$40 per additional sprayhead over two (2). Add \$4.50 per foot of additional distribution line over 200'. Add \$250 for timer. Add \$40 per each additional 6" riser over 12". Add \$200 for control panel C Channel stand.
3. Property owner will be responsible for calling 811 (dig test) prior to installation. These markings must not be tampered with.
4. Property owner is responsible for locating and exposing ALL private utilities. Homeowner will be responsible for cost of any damages or repairs needed during the time of installation.
5. Any removal of excavated materials, fence removal, utility relocation or repair, tree or limb removal, landscaping, sprinkler damage or any other damages that occur during installation will be at the expense of the property owner.
6. Property owner will not hold Tri County Septic or any of its subcontractors liable for damage to any landscaping, driveways, walkways or utilities in the area of excavation or areas used to obtain access to the installation area.
7. Backfill areas will be soft and can settle. In the event of settling of the backfill materials, DO NOT walk on when wet due to potential hazards until the materials have settled.
8. Property owner will be responsible for obtaining an electrical source for OSSF and contacting Tri County Septic for proper breaker and wire sizing if needed.
9. Property owner will operate the system in a responsible manner and report any defects to Tri County Septic to be evaluated. Owner's manual may be included and will be available upon request.
10. Property owner will provide true and proper information on house size, property size, number of occupants, etc. for properly sized system. In the event of system failure due to overloading, abuse, or not following proper usage guidelines of the septic system, property owner will assume all responsibility.
11. Two (2) year Inspection Agreement included with installation and payment. Access to the entire system needs to be accessible to inspector at all times.
12. Two (2) year Manufacturer's warranty on parts included with installation and payment. Warranty violations include shutting off electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above capacity, introducing excessive amounts of harmful matter into the system, or any other form of abuse.
13. Upon sale of the property, new owner should contact Tri County Septic with ownership change information to be provided to the county records office.
14. All materials installed during the contract will remain the property of Tri County Septic until full compensation for materials and labor has been received. Labor rates of \$85 per hour will be in effect to re-install any removed materials.

This policy becomes effective when signed by the Property Owner or their agent and accepted by Tri County Septic. Tri County Septic may terminate this contract for any reason at any time. I agree that all information provided to Tri County Septic is true and I agree with all terms and conditions. All payment is due in full prior to beginning excavation and installation. Check or Cash preferred. A 5% handling fee for credit will be applied. A cancellation fee of \$250, plus any expenses Tri County Septic has incurred for permits and design will be applied.

Property Owner or Agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Jack Self, Tri County Septic | License #MP0001892/OS0033020

**AFFIDAVIT TO THE PUBLIC**

THE COUNTY OF \_\_\_\_\_  
STATE OF TEXAS

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

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), §§.012 and §§.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 of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

II

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 TCEO.

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

**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: