

ALL PERMIT FEES ARE
NON-REFUNDABLE
ONE PERMIT PER SYSTEM

On-Site Sewage Facilities
Permit Application

Permit Number	
Date	
Amount Paid	Receipt #

Authorized Agent: Hopkins Co.

Property Owners: last, _____, first, _____, MI, _____, spouse, _____

Mailing Address: _____/_____/_____

Telephone #'s: land line, _____, cell, _____, other, _____

E-Mail Address: _____

Site Address Required: _____/_____/_____

Lot: _____, Block: _____, Subdivision: _____

Unit #, _____, Acreage: _____, Survey Name: _____

Abstract: _____, Deed volume or clerk #: _____, Page: _____, Tract: _____, Section: _____

GEO #: _____, Property ID: _____

Water Usage Rate "Q" (GPD): _____, Water saving devices: ____ yes, ____ no,

Source of water: ____ Private well, ____ Public water supply name: _____

____ Single Family Residence: # of bedrooms _____, Sq Ft living area _____

____ Commercial, ____ Institutional, ____ Multi-Family:

Name of Business or Institution: _____

of employees/occupants/units: _____

Site Evaluator: _____, Registration # and type: _____

Designer: _____, Registration # and type: _____

Address: _____, Phone #: _____

Installer: _____, Registration # and type: _____

Address: _____, Phone #: _____

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 #: _____, DATE: _____

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (ATC) BY 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 #: _____, 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.

**HOPKINS COUNTY ENVIRONMENTAL QUALITY
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL
UNAUTHORIZED CONSTRUCTION CAN RESULT IN PENALTIES

PROPERTY OWNER'S NAME _____

New House /w New System **Replace System** **Upgrade System**

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 PER DAY)

Water Saving Devices: Yes No

III. TREATMENT UNIT: SEPTIC TANKS AEROBIC UNIT OTHER

Tank Dimensions _____ Liquid Depth (Bottom Of Tank to Outlet) _____
(R & H or L, W & H) (Inches)

Size Required _____ (Gallons) Size Proposed _____ (Gallons)

Manufacture _____ Model # _____ Distributor _____

Type Material of Tank _____ Pretreatment Tank Required: Yes No

III. DISPOSAL SYSTEM

Type: Conventional Panels Surface Application Drip Gravel-less Pipe E-Z Lay LPD

Area Required _____ Area Proposed _____

IV. ADDITIONAL INFORMATION

Note: THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETE.

Site Evaluation
Planning Materials
Design

THE ATTACHED CHECKLIST DETAILS THOSE ITEMS THAT MUST BE ADDRESSED UNDER EACH OF THESE CATEGORIES.

Designer's Signature

Registration #

Date rev 2

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)
 Form # PA3/2-2004-Revised-Final

 (Date)

 Registration Number and Type

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.

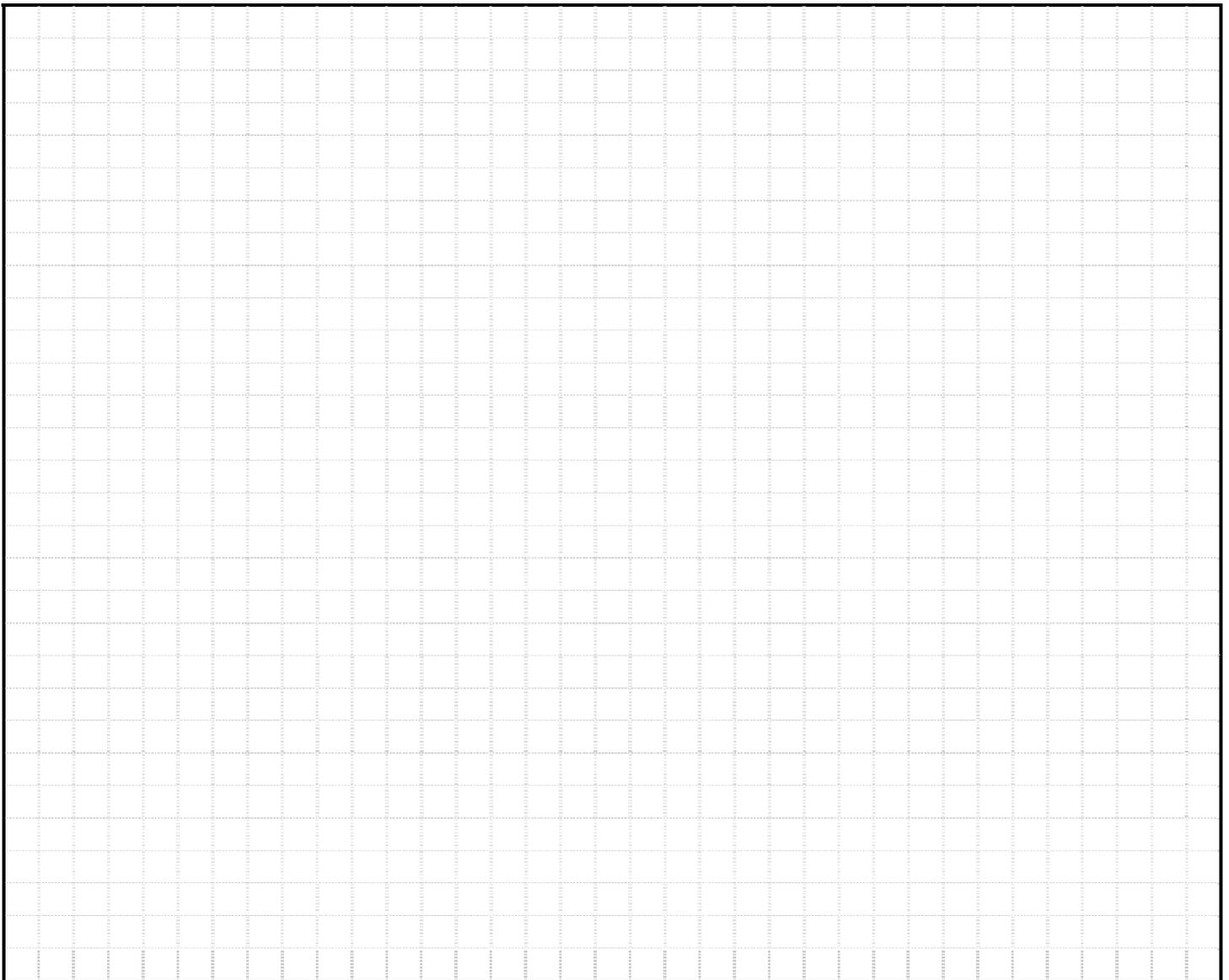
Indicate slope or provide contour lines from the structure to the farthest location of the proposed disposal field.

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



HOPKINS COUNTY ENVIRONMENTAL QUALITY
128 Jefferson St. Suite A, SULPHUR SPRINGS, TX 75482
Office (903) 885-2732 Fax (903) 885-2912
E-mail Inspector@hopkinscountytexas.org

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

HOPKINS COUNTY ENVIRONMENTAL QUALITY
128 Jefferson St. Suite A, Sulphur Springs, Texas 75482
Office (903) 885-2732 Fax (903) 885-2912
E-mail Inspector@hopkinscountytexas.org

This is to certify that the installer that is installing my On-Site Sewage Facility has complied with provisions of 30 TAC, Chapter 285, Section 285.39 titled OSSF Maintenance and Management Practices that states:

- (a) *“An installer shall provide the owner of an on-site sewage facility (OSSF) with written information regarding maintenance and management practices and water conservation measures related to the OSSF installed, repaired, or maintained by the installer.”*
- (b) *“Owners shall have the treatment tank pumped on a regular basis in order to prevent sludge accumulation from spilling over to the next tank or the outlet device. Owners of treatment tanks shall engage only persons registered with the executive director to transport the treatment tank contents.”*
- (c) *“Owners shall not allow driveways, storage building, or other structures to be constructed over the treatment or disposal systems.”*

THE INFORMATION ABOVE HAS BEEN PROVIDED TO ME ACCORDING TO SECTION 285.39(a)-(c).

(Signature of System Owner)

AFFIDAVIT

THE COUNTY OF _____

STATE OF TEXAS

CERTIFICATION OF ON-SITE SEWAGE FACILITIES REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Official Public records of _____ County, Texas.

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 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 representation or warranty by the TCEQ or the local permitting authority of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ or the local permitting authority that the appropriate OSSF was installed.

Before me, the undersigned authority, on this day personally appeared (land owner's printed name): _____ who after being by me duly sworn, upon oath states that he/she is the owner/owner's agent of record of that certain tract, lot, or parcel of land lying and being situated in _____ County Texas, and being more particularly described as follows:

Lot _____, Block _____, Subdivision _____, Unit # _____

Acreage _____, Survey Name _____ Abstract # _____, Deed Volume _____, Page _____

Tract _____, Section _____, GEO # _____

911 Address _____

OR ATTACH: A COPY OF WARRANTY DEED /W METES AND BOUNDS PROPERTY DESCRIPTION

An OSSF requiring inspections and maintenance according to 30 Texas Administrative Code 285.91(12) is proposed to be installed on this property. This OSSF must be inspected once every _____ months. Inspection and maintenance on this OSSF must be done in accordance with THSC 366.0515 and TAC 285. At least thirty days before an existing inspection contract expires, the property owner must submit a renewal contract (or equivalent compliance documentation per TAC 285) to the local permitting authority. The owner will, upon sale or transfer of the above described property, request a transfer of the permit for the OSSF to the buyer or new owner and a new, signed maintenance contract (or equivalent compliance documentation per TAC 285) must be submitted to the permitting authority within 30 days after the property has been transferred. Neither the maintenance company nor the owner may alter the OSSF in any way without prior approval of the permitting authority.

WITNESS MY HAND ON THIS THE _____ DAY OF _____, 20 _____

(Owner's Signature[s])

SWORN TO AND SUBSCRIBED BEFORE ME on this the _____ day of _____, 20 _____

by _____
(Owner's Printed Name)

(Notary Public, State of Texas)

Notary's Printed Name

My Commission Expires: _____

(Seal)