

Camille Hines
Red River County Auditor
200 North Walnut
Clarksville, TX 75426
(903) 427-2131



**PLEASE INCLUDE GEO NUMBER - THIS CAN BE OBTAINED FROM THE
RED RIVER APPRAISAL DISTRICT – 903-427-4181**

**ALL BLANKS MUST BE FILLED OUT ON APPLICATION. PLEASE INSERT
(N/A) IF BLANK IS NOT APPLICABLE TO YOU.**

**THE AFFIDAVIT MUST BE FILED WITH THE RED RIVER COUNTY CLERKS
OFFICE PRIOR TO SUBMITTING APPLICATION – CURRENT FEE \$25.00 –
PAYABLE TO RED RIVER COUNTY CLERK**

**FILED AFFIDAVIT AND COMPLETED APPLICATION TO BE SUBMITTED TO
THE RED RIVER COUNTY AUDITOR'S OFFICE – CURRENT FEES \$310.00
(RESIDENTIAL) & \$510.00 (COMMERCIAL) – PAYABLE TO RED RIVER
COUNTY**

**THANK YOU,
RED RIVER COUNTY AUDITOR'S OFFICE**

OSSF SEPTIC PERMIT APPLICATION

This OSSF permit application packet contains the application and other necessary documents to submit a permit application to the following jurisdictions located in Region 5 of the Texas Commission on Environmental Quality. This packet was developed to allow more consistency among Permitting Authorities (visit website listed below for complete listing). There may be additional forms required by the Permitting Authority where the OSSF is being installed.

| COUNTIES | | | LAKE AUTHORITIES |
|---|------------------|------------------|---|
| Bowie County | Marion County | Upshur County | Sabine River Authority-Lake Fork Division |
| Camp County | Morris County | Van Zandt County | Tarrant Regional Water District - Cedar |
| Cass County *** | Rains County | Wood County | Creek Lake and Richard Chambers Lake |
| Franklin County | Red River County | | Titus County Fresh Water Supply |
| Gregg County * | Rusk County | MUNICIPALITIES | Titus County Fresh Water Supply - |
| Harrison County * | Smith County * | City of Athens | District #1 - Lake Bob Sandlin |
| Hopkins County | Titus County | City of Longview | |
| * Additional forms required by Permitting Authority | | | |
| ** Will accept all forms except the application. | | | |
| *** Will accept all forms except the application and affidavit. | | | |

Steps to take to obtain permit:

- Obtain permit application packet from the Permitting Authority.
- Have a registered Site Evaluator or Professional Engineer perform the mandatory site evaluation as identified in 285.30 in the OSSF rules.
- Submit completed application (in property owners name) with all pages intact and 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 (if required); and 5) accurate directions to the site.
- The Permitting Authority shall review the application, fees, and planning materials, and owner will be notified as to the status. Non-standard systems may require review of TCEQ staff in Tyler or Austin, depending on the complexity of the system and could lengthen the process.
- Upon approval, an Authorization to Construct will be issued. The Authorization to Construct is valid for one year from the date of issuance.
- Begin construction. An inspection of the installation is required before covering any part of the system without prior approval. The Installer is responsible for making sure he/she installs the system as approved by the Permitting Authority, even if changes were made by the Designer.
- After the system has been inspected and found to meet the requirements of the TCEQ Rules and all required documents have been submitted, a Notice of Approval will be issued to the owner.

NOTE: Some Permitting Authorities have adopted more stringent standards than are written in the TCEQ Rules. This may require additional planning or change in the overall design of the system. Check with your local Permitting Authorities to find out about any additional requirements in that jurisdiction.

**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 _____, Deed Volume _____, Page _____

Tract _____, Section _____, GEO Number: _____

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

(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.

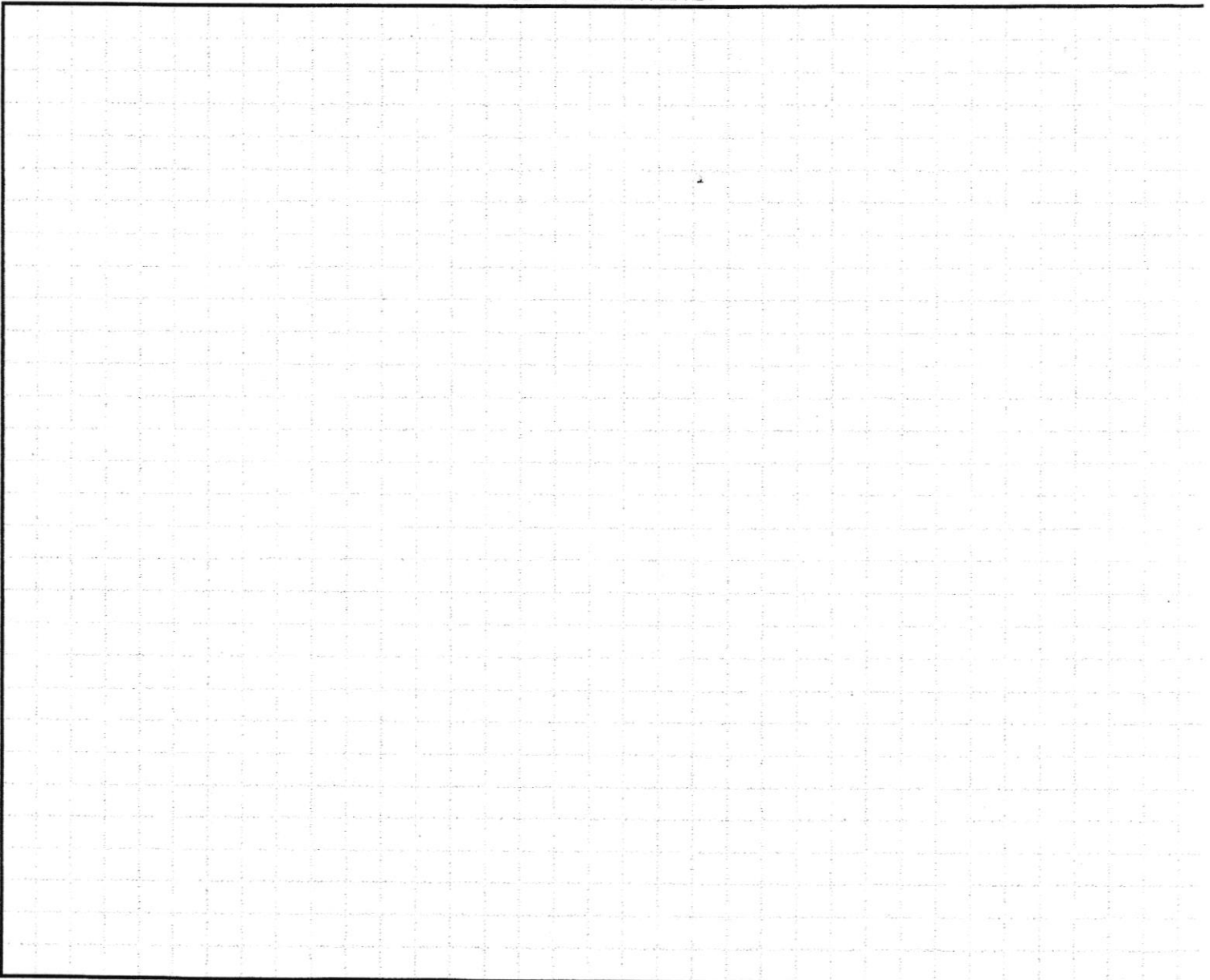
Indicate slope or provide contour lines from the structure to the farthest location of the proposed disposal field.

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 Red River

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 (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 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 or the Permitting Authority of the suitability of this OSSF, nor does it constitute any guarantee by the commission 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 the following:

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 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 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:

NOTARY SEAL BELOW: