

CITY USE ONLY

APPLICATION #

DATE RECEIVED

AMOUNT PAID

ON-SITE SEWAGE FACILITY (OSSF)

PERMIT APPLICATION

PROPERTY OWNER						
NAME	PHONE					
MAILING ADDRESS						
CITY / STATE / ZIP						
	LOCATION					
	O INSIDE CITY LIMITS O UNINCORPORATED AREA					
SITE ADDRESS						
LEGAL DESCRIPTION	SEC BLOCK LOT PLAT DATE					
SUBDIVISION						
OTHER THAN SUBDIVISION	ACREAGE OR SQ FT SURVEY NAME					
	ABSTRACT NAME / NO					
	NAME / NO					
WORK TYPE						
O NEW O REPAIR O ADDITION O TRANSFER						
WATER SOURCE						
O PRIVATE WELL O PUBLIC WATER SUPPLY						
	(NAME OF SUPPLIER)					
	· · · ·					
	OCCUPANCY TYPE					
(SELECT ONE) O SINGLE FAMILY RE	COLDENCE					
O SINGLE FAMILY RE O COMMERCIAL / INS	TITUTIONAL					
(INCLUDING MULTI-FAI	IIFL					
# OF EMPLOYEES / OCCUI	PANTS / UNITS DAYS OCCUPIED PER WEEK					
STRUCTURE TYPE						
O SLAB O PIER & BEAM O MANUFACTURED HOUSING						
SITE EVALUATOR						
NAME	PHONE LIC#					
EMAIL	LIC EXP					



DESIGNER								
NAME	PHONE		LIC#	(PE or RS)				
EMAIL			LIC EXP					
	INSTALLER							
NAME	PHONE		LIC#					
EMAIL			LIC EXP					
	MAINTENANCE CONTRACT PROVIDER							
NAME	PHONE							
EMAIL			LIC EXP					
	DESIGNATED RE	PRESENTATIVE						
NAME	Jerald Stinnett, DR LIC#	OS0029475	LIC EXP	07/31/2027				
	CERTIFICATION &	AUTHORIZATION						
I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of New Fairview to enter upon the above described property for the purpose of soil / site evaluation and investigation of an onsite sewage facility								
PROPERT	TY OWNER'S SIGNATURE	DATE						

If you have questions about how to fill out this application or about the on-site sewage facility program, please contact New Fairview City Hall at 817-638-5366.

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 817-638-5366.



ON-SITE SEWAGE FACILITY (OSSF)

SITE EVALUATION &

PLANNING MATERIALS

	PERM	T ADDRESS							
	EVALUATOR INFORMATION								
_	- Living and a state of the sta								
	4	NAME							
	ADDRESS LICENSE NO								
	CITY / STATE / ZIP PHONE NO								
	SITE EVALUATION								
-									
	•	A minimum of two	o soil borings or back	choe pits must be ex	cavated at opposite	ends of the proposed	l disposal area.		
	•		s must be excavated. The boring or pit lo			excavation, or to a re	estrictive horizon,		
			nclude a groundwater			and all applicable mir	nimum separation		
		requirements.	_				·		
				PLANNING MA	ATERIALS				
	The proposed treatment and disposal system shall be prepared based on the site evaluation. The submittal requirements must include the following details:								
		O A scale dra	wing of the on-site s	ewage facility, show	ing all structures ser	ved.			
		O Submittals	prepared by a profes	sional engineer or p	rofessional sanitaria	n must be sealed, da	ted and signed.		
		O Proposed o	lesigns must comply	with all separation of	listances identified in	n Table X <i>(not</i> e ease	ments, etc.)		
		O A sectional	view of the tanks, in	cluding pump tanks,	and excavations mu	st be submitted.			
	_	O All applicat	ions must include a	certified copy of the	most recdent plat for	this parcel.			
		SOIL	. BORING / BACK	CHOE PIT NUMB	ER:		-		
DEPTH (FT) SOIL CLASS GRAVEL ANALYSIS RESTRICTIVE GROUNDWATER TOPOGRAPHY FLOOD HA							FLOOD HAZARD		
	0								
	1								
	2								
	3								
	4								



5							
6							
7							
SCHEMATIC OF LOT OR TRACT / SITE DRAWING							
Include	all existing and propos	sed buildings, wastewat	er disposal area, buffer	zones, water wells, and	I any other pertinent fea	tures or information.	
			Scale: 1 inch = 50 ft of				
	I certify that the resu	ults of this report are	based on my site ob	servations and are a	ccurate to the best o	f my ability.	
EVALUAT	OR'S SIGNATURE		LICENS	E NO	DATE		

ON-SITE SEWAGE FACILITY (OSSF)



TECHNICAL INFORMATION

	PERMIT ADDRESS								
PROFESS	SIONAL DESIGN REQUIRED?	O YES	O NO	PROFESSIO	IF YES, NAL DESIGN ATTACHED?	O YES	O NO		
	I. SEWER (House Drain)								
	TYPE AND SIZE OF PIPE								
SLOPI	E OF SEWER PIPE TO TAN								
		II. DA	ILT WASIE	WATER USA	GE RAIE				
			Q =	GALLONS F	PER DAY				
		WATER-SAY	VING DEVICES	? O YES	O NO				
	III. TREATMENT UNIT								
		O SEP	TIC TANK	O AERO	OBIC UNIT				
A.	TANK DIMENSIONS			(ВОТТОМ С	LIQUID DEPTH				
	SIZE REQUIRED			9	IZE PROPOSED				
	MANUFACTURER				ERIAL/MODEL #				
	PRE-TREATMENT TANK?	O YES	O NO	O N/A	IF YES, SIZE IN GALL	ONS			
В.	OTHER (ATTACH DESCRIPTION)								
	IV. DISPOSAL SYSTEM								
	TYPE								
AREA REQUIRED AR			AREA PROP	OSED					
DESIGNER'S SIGNATURE			LICENSE NO	DA	ATE				

STATE OF TEXAS



COUNTY OF DENTON

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for County, Texas.	On-Site Sewage Facilities, this document is	s filed in the Deed Records of DENTON
The Texas Health and Safety Code, Chapter 366 authorizes the Texas (OSSF). Additionally, the Texas § 5.013, gives the TCEQ primary responsibility for implementing the laits powers and duties under the TWC. The TCEQ, under the authority to the public that certain types of OSSFs are located on specific pieces the owner must provide proof of the recording to the OSSF permitting the suitability of this OSSF, nor does it constitute any guarantee by the	s Commission on Environmental Quality (TC Water Code (TWC), aws of the State of Texas relating to water a of the TWC and the Texas Health and Safety of property. To achieve this notice, the TCEC authority. This deed certification is not a reper TCEQ that the appropriate OSSF was install.	§ 5.012 and adopting rules necessary to carry out Code, requires owners to provide notice Q requires a deed recording. Additionally, presentation or warranty by the TCEQ of
	II.	
An OSSF requiring a maintenance contract, according to 30 Texas Ad	dministrative Code § 285.91(12) will be insta	lled on the property described as:
LEGAL DESCRIPTION		
THE PROPERTY IS OWNED BY		
This OSSF must be covered by a continuous maintenance contract company and a signed maintenance contract must be submitted to the The owner will, upon any sale or transfer of the above-described proper of the planning materials for the OSSF can be obtained from the City of	e City of New Fairview within 30 days after the certy, request a transfer of the permit for the Certy.	he property has been transferred.
WITNESS BY HAND(S) ON THIS (DAY) (OWNER SIGNATURE) DAY OF	MONTH)	, <u>(YEAR)</u> .
(OWNER SIGNATURE)		
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS	DAY OF	,
(DAY)	(MONTH)	(YEAR)
(SEAL)		
	NOTARY PUBLIC, STATE OF TEXAS	
	NOTARY'S PRINTED NAME	
	MY COMMISSION EXPIRES	

STATE OF TEXAS COUNTY OF WISE



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 WISE County, Texas.

	l.		
The Texas Health and Safety Code, Chapter 366 authorizes the (OSSF). Additionally, the Texas § 5.013, gives the TCEQ primary responsibility for implementing the powers and duties under the TWC. The TCEQ, under the auto the public that certain types of OSSFs are located on specific the owner must provide proof of the recording to the OSSF pethe suitability of this OSSF, nor does it constitute any guarantee.	Water Code ng the laws of the State of Texas re uthority of the TWC and the Texas H c pieces of property. To achieve this ermitting authority. This deed certific	(TWC), § elating to water and adopting lealth and Safety Code, requi notice, the TCEQ requires a cation is not a representation	5.012 and rules necessary to carry out res owners to provide notice deed recording. Additionally,
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THE PROPERTY IS OWNED BY			
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WITNESS BY HAND(S) ON THIS (DAY) (OWNER SIGNATURE)	Y OF (MONTH)	, (YEAR)	
(OWNER SIGNATURE)			
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS	(DAY) DAY OF (MON	ІТН)	
(SEAL)			
	NOTARY PUBLIC, STAT	E OF TEXAS	
	NOTARY'S PRINTED NA	ME	
	MY COMMISSION EXPIR	RES	