



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

INSIDE CITY LIMITS     UNINCORPORATED AREA

SITE ADDRESS \_\_\_\_\_  
 LEGAL DESCRIPTION    SEC                      BLOCK                      LOT                      PLAT DATE \_\_\_\_\_  
 SUBDIVISION \_\_\_\_\_  
 OTHER THAN SUBDIVISION    ACREAGE OR SQ FT                      SURVEY NAME \_\_\_\_\_  
 ABSTRACT NAME / NO \_\_\_\_\_

### WORK TYPE

NEW     REPAIR     ADDITION     TRANSFER

### WATER SOURCE

PRIVATE WELL     PUBLIC WATER SUPPLY

\_\_\_\_\_  
 (NAME OF SUPPLIER)

### OCCUPANCY TYPE

(SELECT ONE)

SINGLE FAMILY RESIDENCE    # OF BEDROOMS \_\_\_\_\_    LIVING AREA (SQ FT) \_\_\_\_\_  
 COMMERCIAL / INSTITUTIONAL    TYPE \_\_\_\_\_  
 (INCLUDING MULTI-FAMILY RESIDENCES)

# OF EMPLOYEES / OCCUPANTS / UNITS \_\_\_\_\_    DAYS OCCUPIED PER WEEK \_\_\_\_\_

### STRUCTURE TYPE

SLAB     PIER & BEAM     MANUFACTURED HOUSING

### SITE EVALUATOR

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ LIC # \_\_\_\_\_  
 EMAIL \_\_\_\_\_ LIC EXP \_\_\_\_\_



DESIGNER		
NAME _____	PHONE _____	LIC # _____ <small>(PE or RS)</small>
EMAIL _____		LIC EXP _____
INSTALLER		
NAME _____	PHONE _____	LIC # _____
EMAIL _____		LIC EXP _____
MAINTENANCE CONTRACT PROVIDER		
NAME _____	PHONE _____	LIC # _____
EMAIL _____		LIC EXP _____
DESIGNATED REPRESENTATIVE		
NAME <u>James Gerow, DR</u>	LIC # <u>OS0034289</u>	LIC EXP <u>2/28/2025</u>
CERTIFICATION & AUTHORIZATION		
<p>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 on-site sewage facility</p>		
_____	_____	_____
PROPERTY 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*

PERMIT ADDRESS _____						
<b>EVALUATOR INFORMATION</b>						
NAME _____						
ADDRESS _____				LICENSE NO _____		
CITY / STATE / ZIP _____				PHONE NO _____		
<b>SITE EVALUATION</b>						
<ul style="list-style-type: none"> <li>• A minimum of two soil borings or backhoe pits must be excavated at opposite ends of the proposed disposal area.</li> <li>• The borings or pits must be excavated to a depth of two feet below the proposed excavation, or to a restrictive horizon, whichever is less. The boring or pit locations must be indicated.</li> <li>• This report shall include a groundwater evaluation, a surface drainage analysis, and all applicable minimum separation requirements.</li> </ul>						
<b>PLANNING MATERIALS</b>						
<ul style="list-style-type: none"> <li>• The proposed treatment and disposal system shall be prepared based on the site evaluation. The submittal requirements must include the following details:               <ul style="list-style-type: none"> <li><input type="radio"/> A scale drawing of the on-site sewage facility, showing all structures served.</li> <li><input type="radio"/> Submittals prepared by a professional engineer or professional sanitarian must be sealed, dated and signed.</li> <li><input type="radio"/> Proposed designs must comply with all separation distances identified in Table X (<i>note easements, etc.</i>)</li> <li><input type="radio"/> A sectional view of the tanks, including pump tanks, and excavations must be submitted.</li> <li><input type="radio"/> All applications must include a certified copy of the most recent plat for this parcel.</li> </ul> </li> </ul>						
<b>SOIL BORING / BACKHOE PIT NUMBER:</b> _____						
DEPTH (FT)	SOIL CLASS	GRAVEL ANALYSIS	RESTRICTIVE HORIZON	GROUNDWATER	TOPOGRAPHY	FLOOD HAZARD
0						
1						
2						
3						
4						



5						
6						
7						

**SCHEMATIC OF LOT OR TRACT / SITE DRAWING**

Include all existing and proposed buildings, wastewater disposal area, buffer zones, water wells, and any other pertinent features or information.

*Scale: 1 inch = 50 ft or appropriate*

I certify that the results of this report are based on my site observations and are accurate to the best of my ability.

\_\_\_\_\_  
EVALUATOR'S SIGNATURE

\_\_\_\_\_  
LICENSE NO

\_\_\_\_\_  
DATE



## ON-SITE SEWAGE FACILITY (OSSF)

### TECHNICAL INFORMATION

PERMIT ADDRESS _____	
PROFESSIONAL DESIGN REQUIRED? <input type="radio"/> YES <input type="radio"/> NO	IF YES, PROFESSIONAL DESIGN ATTACHED? <input type="radio"/> YES <input type="radio"/> NO
<b>I. SEWER (House Drain)</b>	
TYPE AND SIZE OF PIPE _____	
SLOPE OF SEWER PIPE TO TANK _____	
<b>II. DAILY WASTEWATER USAGE RATE</b>	
Q = _____ GALLONS PER DAY	
WATER-SAVING DEVICES? <input type="radio"/> YES <input type="radio"/> NO	
<b>III. TREATMENT UNIT</b>	
<input type="radio"/> SEPTIC TANK <input type="radio"/> AEROBIC UNIT	
<b>A.</b>	
TANK DIMENSIONS _____	LIQUID DEPTH (BOTTOM OF TANK TO OUTLET) _____
SIZE REQUIRED _____	SIZE PROPOSED _____
MANUFACTURER _____	MATERIAL/MODEL # _____
PRE-TREATMENT TANK? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	IF YES, SIZE IN GALLONS _____
<b>B.</b>	
OTHER (ATTACH DESCRIPTION) _____	
<b>IV. DISPOSAL SYSTEM</b>	
TYPE _____	
AREA REQUIRED _____	AREA PROPOSED _____
DESIGNER'S SIGNATURE _____	LICENSE NO _____
	DATE _____



**STATE OF TEXAS  
COUNTY OF DENTON**

**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 DENTON County, Texas.

**I.**

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSF). 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 a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ 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:

**LEGAL DESCRIPTION** \_\_\_\_\_

**THE PROPERTY IS OWNED BY** \_\_\_\_\_

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company and a signed maintenance contract must be submitted to the City of New Fairview within 30 days after the property has been transferred.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the City of New Fairview.

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

(DAY)

(MONTH)

(YEAR)

\_\_\_\_\_  
(OWNER SIGNATURE)

\_\_\_\_\_  
(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.

**I.**

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSF). 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 a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ 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:

**LEGAL DESCRIPTION** \_\_\_\_\_

**THE PROPERTY IS OWNED BY** \_\_\_\_\_

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company and a signed maintenance contract must be submitted to the City of New Fairview within 30 days after the property has been transferred.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the City of New Fairview.

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

(DAY)

(MONTH)

(YEAR)

\_\_\_\_\_  
(OWNER SIGNATURE)

\_\_\_\_\_  
(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