

Office Use Only

Authorization to Construct

PARKER COUNTY PERMITTING

1114 SANTA FE DRIVE, WEATHERFORD, TX 76086

817-598-6175

ON-SITE SEWAGE FACILITY APPLICATION

Permit Number _____

Inspector _____

Date _____

Date _____

Amount _____

New Installation

Repair

- Site address: _____
- Property owner's name: _____
- Daytime telephone #: _____
- Email address: _____
- Current mailing address: _____
- Legal description: _____
 - Subdivision: _____ Lot: _____ Block: _____ Phase/Section: _____
- No. of acres: _____
- Source of water: Private well Public water supply: _____
- Is this structure: New Existing No. of structures per system: _____
- Type of structure: Site-built Mobile home Other: _____
- Single family residence: No. of bedrooms: _____ Square footage: _____
 - Additional structures (e.g. convenience restroom): _____
- Commercial / institutional type (including multi-family residences): _____
 - No. of buildings: _____ Building square footage: _____
 - No. of employees / occupants: _____ Days occupied / week: _____
- Type of alteration / repair (if applicable): _____
- Installer: _____ Type: _____ License #: _____
 - Phone #: _____ Email address: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Parker County Permitting Department to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed systems which indicates that the system was installed in compliance with this commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

(Owner / Agent Signature)

(Date)

INCOMPLETE FORMS WILL NOT BE ACCEPTED



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TECHNICAL INFORMATION FOR PERMIT

Professional design required? Yes No If yes, professional design attached? Yes No

Designer Name: _____ License Type and No. _____

Phone No. _____ Email Address: _____

Mailing Address: _____

Type and size of piping from: (EXAMPLE: 4" SCH 40 PVC) Sleeving required? Yes No

Stub out to treatment tank: _____

Treatment tank to disposal system: _____

Daily wastewater usage rate: Q = _____ (gallons/day)

Water saving devices: Yes No

Treatment unit(s): Aerobic Treatment Unit Septic Tank Number of tanks: _____

Material: _____ Manufacturer: _____

Trade name: _____ Model #: _____

Aerobic tank treatment capacity: _____ (gallons/day)

Septic tank liquid capacity (total): V = _____ (gallons)

Pretreatment tank: Yes No N/A Size: _____ (gallons)

Pump/ lift tank: Yes No N/A Size: _____ (gallons)

Additional information: _____

Disposal system:

Disposal type: _____

Manufacturer & model number: _____

Square feet area required: _____ Square feet area proposed: _____

Linear feet length Required: _____ Linear feet length proposed: _____

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 designer: _____ **Date:** _____

**THE COUNTY OF PARKER
STATE OF TEXAS**

AFFIDAVIT

According to Texas Commission on Environmental Quality Rules for On-Site Sewage (OSSFs) Facilities, this document is filed in the Deed Records of Parker 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 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 and guarantee by the commission 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 (insert legal description):

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 Parker County Permitting Department.

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: _____

Notary's Signature: _____

My Commission Expires: