



Refugio County
808 Commerce St. Rm. 104
Refugio, Texas 78377
361-526-4434

On-Site Sewage Facility Application Checklist

Instructions:

The following information must be included with the OSSF application when submitted for review. **Failure to complete and include the following items may result in application approval delays.** Return all items on checklist to the County Judge’s Office. For more on TCEQ rules, visit: <https://www.tceq.texas.gov/>

- Completed Application for On-Site Sewage Facility New Construction and Modification
- Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285 (planning materials shall consist of a scaled design and all system specifications)
- Copy of Co. Appraisal or Recorded Deed (& Plat if applicable)-Available at the County Clerk’s Office
- Map or Directions to Site (you may use a satellite image from an online map search engine)
- Surface Application/Aerobic Treatment System
 - o Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public -Available at County Clerk’s Office
 - o Signed Maintenance Contract with Effective Date as Issuance of License to Operate
- Signed and filed Affidavit (for Aerobic, Variance, Un-joined Lots)
- Required Permit Fee (\$300 for residential and \$500 for commercial)

I affirm that I have provided and attached all information listed above required for my OSSF Development Application.

X

Signature of Applicant

Date: _____

COUNTY USE ONLY
<input type="checkbox"/> COMPLETE APPLICATION
CHECK NO: _____
PERMIT NO: _____
<input type="checkbox"/> INCOMPLETE APPLICATION (MISSING ITEMS CIRCLED, APPLICATION REFUSED)
DATE RECEIVED: _____
RECEIVED BY: _____

NEW INSTALLATION

MODIFICATION

COUNTY OF REFUGIO
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION AND MODIFICATION

COUNTY USE ONLY
APPLICATION NO. _____
DATE _____
AMOUNT _____

_____ TCEQ

- PROPERTY OWNER'S NAME: _____
(LAST) (FIRST) (MIDDLE)
- PERMANENT MAILING ADDRESS: _____
- TELEPHONE NO. DURING DAY: _(_____) _____
- SITE ADDRESS: _____
- LEGAL DISCRPTION: SEC. _____ BLOCK _____ LOT _____ DATE _____
SUBDIVISION: _____
OTHER THAN SUBDIVISION: ACREAGE _____ SURVEY _____
- SOURCE OF WATER: PRIVATE WELL PUBLIC WATER SUPPLY _____
(Name of Supplier)
- SINGLE FAMILY RESIDENCE: No. of Bedrooms _____ Living Area (square ft.) _____
- COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED PER WEEK: _____
- SITE EVALUATOR: _____ CERTIFICATION NO.: _____
PHONE NO.: _____
- DESIGNER: _____ LICENSE NO. (PE or RS): _____
PHONE NO.: _____
- INSTALLER: _____ REGISTRATION NO.: _____
PHONE NO.: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the designated representative 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 system which indicates that the system was installed in compliance with the Texas natural Resource Conservation Commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285 and current O.S.S.F. rules adopted by Refugio's County Commissioners' Court.

 X
SIGNATURE OF OWNER

DATE: _____

COUNTY OF REFUGIO
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT
APPLICATION # _____

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL. UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

OWNER'S NAME: _____ COUNTY: REFUGIO

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

I. **SEWER (House Drain):**

TYPE AND SIZE OF PIPE: _____ SLOPE OR SEWER PIPE TO TANK: _____

II. **DAILY WASTEWATER USAGE RATE: Q= _____ (gallons/day)**

WATER SAVINGS DEVICES: Yes No

III. **TREATMENT UNIT:**

a. SEPTIC TANK:

TANK DEMENSIONS: _____

LIQUID DEPTH (BOTTOM OF TANK TO OUTLET): _____

SIZE REQUIRED: _____ SIZE PROPOSED: _____

b. AEROBIC:

MANUFACTURER: _____ MODEL #: _____

SIZE REQUIRED: _____ SIZE PROPOSED: _____

PRETREATMENT TANK: Yes No

c. OTHER: _____

(Please attach description)

IV. **DISPOSAL SYSTEM:**

TYPE: _____

AREA REQUIRED: _____ AREA PROPOSED: _____

V. **ADDITIONAL INFORMATION:**

NOTE – THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

a. SITE EVALUATION

b. PLANNING MATERIALS

The attached checklist details those items that must be addressed under each of these categories.

X

DESIGNER'S SIGNATURE

REGISTRATION NUMBER

DATE

*On-Site Sewage Facility
Soil Evaluation Report Information*

Date Soil Survey Performed: _____

Site Location: _____

County: _____ Proposed Excavation Depth: _____

Name of Site Evaluator: _____ Registration Number: _____

Requirements:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil boring 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 excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

Soil Boring Number:						
Depth (ft.)	Texture Class	Soil Texture	Structure (For Class III blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0						
1						
2						
3						
4						
5						

Soil Boring Number:						
Depth (ft.)	Texture Class	Soil Texture	Structure (For Class III blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0						
1						
2						
3						
4						
5						

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 Site Evaluator

Date

Date:	Site Evaluation Number:
Applicant Information:	Site Evaluator Information:
Name:	Name:
Address:	Company:
City: State:	Address:
Zip Code: Phone:	City: State:
Email:	Zip Code: Phone: Fax:
	Email:

Property Location:	Installer Information:
Lot: Block: Subdivision:	Name:
Street/Road Address:	Company:
County: Unincorporated Area? Y or N	Address:
City: Zip Code:	City: State:
Additional Information:	Zip Code: Phone:
	Fax:
	Email:

Schematic of Lot or Tract

Show:

- Compass North, adjacent streets, property lines, property dimensions, location or buildings, easements, swimming pools, water lines and other surface improvements where known (drainage, patios, sidewalks etc.)
- Location existing or proposed water wells within 150 feet of property
- Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil absorption or irrigation area
- Location of soil borings or dug pits (show location with respect to known reference point)
- Location of natural, constructed or proposed drainage ways, (streams, ponds, lakes, rivers, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks

Lot Size: _____ acres

*Please attach schematic with this packet

THE COUNTY OF _____
STATE OF TEXAS.

AFFIDAVIT TO THE PUBLIC

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to the 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 (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 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 OSSF's 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 (insert legal description, lot, block)

_____.

The property is owned by (insert owner(s) full name) _____.

This OSSF has a variance; therefore, it 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 (insert permitting authority) _____ 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 on the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from (insert permitting authority) _____.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, _____.

PRINT: _____.

SIGN: _____.

(Owner(s) signatures)

SWORN AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, _____.

Notary Public, State of Texas
Notary's Printed Name: _____
My Commission Expires: _____