



ENVIRONMENTAL HEALTH DEPARTMENT

4520 Reading Rd., Suite A
Rosenberg, Texas 77471

281-342-7469

281-342-5572 (Fax)

ON-SITE SEWERAGE FACILITY PERMIT APPLICATION

THIS APPLICATION MUST BE FILLED OUT *COMPLETELY*

Key Map _____
Precinct _____

Engineering Permit Track # _____

EHD# _____
Office use

1. **PROPERTY OWNER:** _____
(LAST (FIRST) (MIDDLE)

2. **MAILING ADDRESS:** _____
(STREET/P.O. BOX) (CITY/STATE) (ZIP)

3. **TELEPHONE NO. HOME:** () _____ **WORK:** () _____

4. **SITE ADDRESS:** _____
(STREET) (CITY) (ZIP)

5. **PROPERTY DESCRIPTION:** Lot _____ Block _____ Sec _____ Subdivision _____

OR

Survey: _____ Abstract _____ Vol. _____ Page _____

Lot Size: _____

***PROPERTY SURVEY MUST BE ATTACHED FOR ALL PROPERTIES.**

6. **SOURCE OF WATER:** ___ Private Well ___ Public Water Supply _____
(NAME OF WELL DRILLER OR SUPPLIER)

7. **SINGLE FAMILY RESIDENCE:** # Of Bedrooms _____ Living Area (Sq. Ft.) _____
Water Saving Devices Installed? Yes ___ No ___

8. **COMMERCIAL/INSTITUTIONAL** (including multi-family residences) **TYPE:** _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ **Square Footage** _____

9. **ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (gpd):** _____

10. **PROFESSIONAL DESIGN REQUIRED:** ___ YES ___ NO

DESIGNER: _____ **Registration #** _____ **Phone #** _____

11. **INSTALLER:** _____ **Registration #** _____ **Phone #** _____

12. **SITE EVALUATOR:** _____ **Registration #** _____ **Phone #** _____

13. **PROPOSED SYSTEM TYPE:** _____

14. **DISPOSAL AREA DESIGNED:** _____ (SQ. FT.)

15. **TREATMENT TANKS:**

TANK #1	TYPE	_____	SIZE	_____	(gals)
TANK #2	TYPE	_____	SIZE	_____	(gals)
TANK #3	TYPE	_____	SIZE	_____	(gals)

16. **OWNER'S AGENT:** _____
(Authorization to Submit the Permit Application & the Planning Materials to the Permitting Authority)

REQUIREMENTS FOR AN ON-SITE SEWAGE FACILITY USING PROPRIETARY, SECONDARY, OR NON-STANDARD TREATMENT SYSTEMS:

- 1.) Contract with a certified maintenance provider during the entire operational life of the on-site sewage facility.
- 2.) Assure that the maintenance provider tests the sewage effluent on the schedule provided below and sends the required report to the Fort Bend County Environmental Health Department:
 - a. BOD5 - Annually for any Fort Bend County facility holding a Food Service Permit, not required for residential systems.
 - b. TSS – Annually for any Fort Bend County facility holding a Food Service Permit, not required for residential systems.
 - c. Chlorine or Fecal Coliform: Quarterly for Residential, monthly for any Fort Bend County facility holding a Food Service Permit.
- 3.) Operate the facility in strict conformance with Title 30 Texas Administrative Code, Chapter 285 promulgated by the Texas Commission on Environmental Quality (T.C.E.Q.)

Failure to strictly abide by the above conditions could result in filing of a complaint with a Justice of the Peace Court. The Court could assess a fine of \$200.00 to \$2,000.00 per day for each day the violation exists.

The date of the Approval to Operate will mark the anniversary dates for testing and reporting.

AUTHORIZATION IS HEREBY GIVEN TO FORT BEND COUNTY, TEXAS COMMISSION ON ENVIRONMENTAL, THE TEXAS DEPARTMENT OF HEALTH AND TO THEIR AGENTS, OR DESIGNEES, SINGULARLY OR JOINTLY TO ENTER UPON THE ABOVE DESCRIBED PROPERTY DURING DAYLIGHT HOURS FOR THE PURPOSE OF INSPECTING SEWAGE FACILITIES, FOR ANY REASON CONSISTENT WITH THE WATER QUALITY PROGRAM OF THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY AND THE TEXAS DEPARTMENT OF HEALTH. I ACKNOWLEDGE THAT INSPECTION OF THE SEWAGE SYSTEM IS REQUIRED PRIOR TO COMPONENTS BEING COVERED. TO REQUEST INSPECTION, A TWENTY-FOUR (24) HOUR ADVANCE NOTICE MUST BE GIVEN TO THE FORT BEND COUNTY ENVIRONMENTAL DEPARTMENT AT 281-342-7469. **THIS APPLICATION IS VALID FOR ONE (1) YEAR AFTER DATED RECEIPT OF PAYMENT.**

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS PLAN MEETS ALL STATE AND LOCAL RULES AND LAWS INCLUDING DISTANCE REQUIREMENTS.

Penal Code §37.02 provides that falsifying information in an official document may result in a Class A Misdemeanor punishable not to exceed one (1) year jail confinement and not to exceed a fine of \$4000, or both fine and jail confinement.

PROPERTY OWNER

DATE

APPROVED BY: _____
Fort Bend County Designated Representative

DATE: _____

REMARKS:

THE COUNTY OF
STATE OF TEXAS

**AFFIDAVIT TO THE PUBLIC
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 Fort Bend 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 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 Administration Code §285.91(12) will be installed on the property described as:

Legal description: _____

Physical address: _____

The property is owned by:

Owner: _____

The 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 Fort Bend County within 30 days after the property has been transferred.

The owner will, upon 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 Fort Bend County.

WITNESS MY/OUR 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