



Application for On-Site Sewerage Facilities

_____ New Installation _____ Modification

Date _____

1. Property Owner's Name _____
 2. Site Address _____
 3. Telephone No. During Day _____
 4. Builders Name & Address _____
-
5. Property Description: Lot _____ Size _____ Block _____ Sec _____
 6. Source of Water:
Private Well _____ Public Water Supply _____

TYPE OF DEVELOPMENT

7. Single Family Residence: No of Bedrooms _____ Living Area (sq.ft.) _____
Approximate no. of People to be served by system _____
8. Commercial/Institutional (including multi-family residences) Type _____
9. Is an organized Sewage Collection within 300 feet _____ Yes _____ No
10. Person performing Soil Analysis _____
11. Designer _____ License No. _____
(PEorRS)
12. Installer _____ Registration No. _____
Phone Number _____

A sketched map of the lot, drawn to scale, showing the size of the lot and the dimensions and location of all existing buildings on the lot which are intended to remain after the final inspection of the septic system is made, shall be included in this application.

I certify that the above statements are true and correct to the best of my knowledge.

Authorization is hereby given to the Town of Cross Roads to enter upon the above described private property for the purpose of lot evaluation and inspection of on-site sewerage facilities. I understand that the approval of this application constitutes authorization for construction of the on-site sewerage facilities 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 this commission's " Construction Standards For On-Site Sewerage Facilities".

Owner's Signature and Date Signed



ON-SITE SEWERAGE FACILITY TECHNICAL INFORMATION

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN A HIGHER PERMIT FEE OF
CIVIL/ADMINISTRATIVE PENALTIES.

Owners Name: _____ County: _____

PROFESSIONAL DESIGN REQUIRED: _____ YES _____ NO
(If yes professional design attached _____ YES _____ NO)

SEWER (House Drain); Type and Size pipe: _____ Slope of sewer pipe to tank _____.

SEPTIC TANK:

- A. TYPE? (check one) Two-Compartment _____ Two Singles in series Tank Construction material _____
- B. INTERNAL DIMENSIONS: Round tank diameter _____ liquid penetration depth-inlet _____
Liquid depth (bottom of tank to outlet) _____ Liquid penetration depth-outlet _____
Rectangle tank length/width _____.
- C. CAPACITY: Size required _____ Proposed _____

SOIL TEST:

NOTE INFORMATION WORKSHEET MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

Perk Rate _____ Soil type _____ Performed by _____ Ph No. _____

DISPOSAL AREA:

Type _____ Minimum area required _____ Trench width or bed size _____
Distance between trenches/beds _____ Type and Size of media _____
Type and Diameter of pipe _____ Type of barrier _____ Trench Depth _____

PLOT PLAN:

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

Two copies of the plans & plats are required. These plans & plats MUST include the following.

- 1. Owner's Name
- 2. Lot Size
- 3. Property Lines
- 4. Septic Tank (s) Location
- 5. Trench and/or Bed Locations
- 6. SEE (Length, width, and square footage)
Bed or Trench Drain Field
- 7. Location of Clean Outs
- 8. Water Wells, Including neighbors wet is within 150 feet
- 9. The following linear distances, if applicable.
- 10. Other, as Required

FROM:	TO:	SEPTIC TANK	DISPOSAL FIELD
Water wells, underground cisterns/pump suction pipes		_____	_____
Water supply lines and property lines		_____	_____
Streams, ponds, and lakes		_____	_____
Sharp slopes and breaks		_____	_____
Foundation, structures & surface improvements		_____	_____
Disposal field's		_____	_____
Swimming Pools		_____	_____

Date visited: _____



ON-SITE WASTEWATER SYSTEMS CHECKLIST for PROFESSIONALLY DESIGNED SYSTEMS

The following information must be included with the design package for review by the Town of Cross Roads. Failure to include or address all of the following items may result in approval delays.

1. Plans and reports must bear a signed and dated seal of the responsible registered engineer or Sanitation. The address and telephone number of this person must also be included in the submittals.
2. A report must be included in the submittals containing the following information.
 - A.____ Base of design.
 - B.____ Soil analysis and percolation test results.
 - C.____ System flow diagram and sizing calculations.
 - D.____ Material specifications and
 - E.____ Size and model of approved aerobic system(if used).
3. Construction drawing must include the following information.
 - A.____ A scaled, legible site plan with boundary description.
 - B.____ The location of all buildings(existing or proposed) on the site plan.
 - C.____ The location of the wastewater treatment units and disposal area.
 - D.____ Buffer zones and water wells must be identified and located on the site plan.
 - E.____ The site plan must also include topographical contours for slopes greater than 15 percent.
 - F.____ Easements and bodies of water (lakes,streams,ponds) must also be identified
4. Additional requirements for aerobic systems with surface irrigation disposal.
 - A.____ Two-year maintenance agreement.
 - B.____ A copy of the Affidavit and documentation that same has been recorded by the County Clerk.
- 5.Request for inspection to be called into Town Hall

Designer Signature

Date

Designer Printed Name

Telephone

Address

City, State, Zip Code

(Designer's Seal)



AFFIDAVIT TO THE PUBLIC

THE COUNTY OF DENTON
STATE OF TEXAS

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's). Additionally, the Texas Water Code (TWC) Section 5.012 and Section 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 me 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 commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority of Cross Roads, Texas. This recorded affidavit is not a representation of a warranty by the commission of the suitability of this OSSF, nor does it constitute any 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):

The OSSF shall be covered by a continuous service agreement for the first two years. After the initial two-year service agreement, the owner of an aerobic treatment for a single family residence shall either obtain a maintenance contact within 30 days or maintain the system personally.

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 the DFW Region Office.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, 20_____.

OWNER(S) SIGNATURE: _____

Sworn and subscribed before me on this _____ day of 20_____

Notary Public, State of Texas

Notary's Printed Name: _____

My Commission Expires