

**TAYLOR COUNTY
ENVIRONMENTAL DEPARTMENT
Taylor County Plaza
400 Oak Street, Suite 107
Abilene, Texas 79602
(325) 674-1393**

PROCEDURE FOR OBTAINING AN ON-SITE SEWAGE FACILITY PERMIT

****REMOVE AND RETAIN THIS PAGE PRIOR TO SUBMITTING THE APPLICATION****

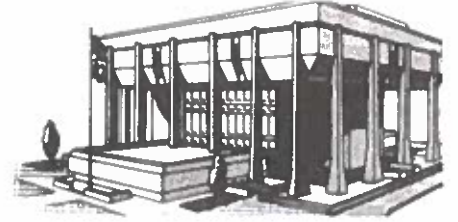
1. The Property Owner must fill out applications and pay required fees for On-Site Sewage Facilities and Floodplain Development.
2. Mandatory site evaluation must be conducted for each On-Site Sewage Facility.
3. If the system to be installed is a proprietary or nonstandard system, or certain other systems, it must be designed by a Registered Sanitarian or Professional Engineer.
4. The following planning materials must be completed in full and returned to the Taylor County Environmental Department for review and approval **before** an Authorization To Construct can be issued:
 - (1) OSSF Application
 - (2) Technical Information Sheet
 - (3) Soil Evaluation and Site Plan (*must be drawn to scale*)
 - (4) Detailed Plan of Proposed On-Site Sewage Facility (*must be drawn to scale*)
5. Upon approval of planning materials, an **Authorization To Construct** will be issued. The OSSF application is valid for twelve (12) months from the date of issuance.
6. Any system installation other than a standard absorption system will require that an **Affidavit To The Public** be filed on the property owner(s)' deed **before an Authorization To Construct** will be issued.
7. Once the **Authorization To Construct** is issued, the On-Site Sewage Facility may be installed only according to the approved plan design.
8. After final inspection by the Taylor County Environmental Department, the property owner(s) will be issued a **License To Operate** the On-Site Sewage Facility.
9. The final grade shall be covered with vegetation fully capable of providing maximum transpiration. Evergreen bushes having shallow root systems may be planted in the drainfield to assist in water uptake. Grasses with dormant periods shall be over seeded to provide year-round transpiration.

**NOTE: A REINSPECTION FEE OF \$50.00 MUST BE PAID BY THE INSTALLER
EACH TIME THE SYSTEM REQUIRES REINSPECTION.**

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ON-SITE SEWAGE FACILITY APPLICATION

Date: _____ Application Number: _____

Property Owner's Name: _____

Current Mailing Address: _____

Telephone: (home) _____ (cell) _____ (work) _____

Legal Description (**COPY REQUIRED**): _____

911 Site Address / Location: _____

Source of Water: Private Well _____; Public Water System (name): _____

Single Family Residence: Number of Bedrooms _____; Number of Bathrooms _____

Dwelling Area _____ square feet

Institutional / Commercial: Type of Facility _____

Site Evaluator: _____ Telephone Number: _____ Certification Number: _____

Designer: _____ Telephone Number: _____ Certification Number: _____

Installer: _____ Telephone Number: _____ Certification Number: _____

I Request: _____ Credit for water saving devices be considered when sizing the on-site sewage facility for this property. I hereby certify that this facility has or will have water saving devices such as low flow shower heads, low flow toilets and appliances that are designed with water saving features installed. I understand by requesting this credit my system size **and** the amount of wastewater the system can dispose of **will be reduced**.

I Do Not Request: _____

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT APPROVAL OF THIS APPLICATION IS REQUIRED BEFORE A PERMIT TO CONSTRUCT AN ON-SITE SEWAGE FACILITY CAN BE ISSUED. A LICENSE TO OPERATE AN ON-SITE SEWAGE FACILITY WILL BE ISSUED AFTER FINAL INSPECTION OF THE INSTALLATION BY THIS DEPARTMENT.

Signature of Owner: _____

FEES: _____ PERMIT APPLICATION FEE \$200.00

_____ TDH RESEARCH FEE \$10.00

TOTAL FEE: \$210.00

*** AN AUTHORIZATION TO CONSTRUCT IS VALID FOR ONE CALENDAR YEAR FROM THE DATE OF IT'S ISSUANCE. IF THE INSTALLER DOES NOT REQUEST A CONSTRUCTION INSPECTION BY THE PERMIT AUTHORITY WITHIN ONE YEAR OF THE ISSUANCE OF THE AUTHORIZATION TO CONSTRUCT, THE AUTHORIZATION TO CONSTRUCT EXPIRES, AND THE OWNER(S) WILL BE REQUIRED TO SUBMIT A NEW APPLICATION AND PAY FEE BEFORE AN OSSF CAN BE INSTALLED.**

**TAYLOR COUNTY ENVIRONMENTAL DEPARTMENT
ON-SITE WASTEWATER SYSTEMS CHECKLIST**

Property owner(s): _____

Address: _____

The following information must be included with the design package for review by the Taylor County Environmental Department. Failure to include or address all of the following items may result in approval delays.

1. **Site Evaluation:** At least two soil borings/backhoe pits shall be taken in opposite ends of the area to be used for the soil absorption system, and shall be excavated to a depth of 2 feet **BELOW** the proposed excavation or to a restrictive horizon, whichever is less. A copy of the test results and a scale must be enclosed. The following information shall be included:
- A. Soil texture analysis. List texture type and class.
 - B. Gravel analysis. List percentage and size of gravel. (*Soils with greater than 30% gravel are unacceptable unless 80% of gravel is less than 5mm in size.*)
 - C. Depth of test. (*Soils without at least 24 inches of soil beneath the proposed drainfield shall be deemed unsuitable.*)
 - D. Restrictive horizon evaluation
 - E. Groundwater evaluation
 - F. Topography
 - G. Flood hazard
 - H. Vegetation
 - I. Easements and bodies of water (*lakes, watercourses, etc.*) must be identified.
 - J. Location of all buildings (*existing or proposed*).
 - K. All separations distances identified in Table X must be shown.
 - L. All water wells on this site and neighboring properties

SITE EVALUATOR: _____
(signature)

CERTIFICATION #: _____

2. **Planning Materials:** A copy of the construction drawing must be enclosed and shall include the following information:
- A. A detailed, legible site plan with boundary description (*aerobic systems require scale drawings, legal description of The lot, an Affidavit to the Public, and Maintenance Agreement to be attached*). **Note:** All systems require a scale drawing of site plan.
 - B. The location of all buildings (*existing or proposed*) on the site plan.
 - C. The size and location of the wastewater treatment units and disposal area (*include width and depth*). A cross section of the excavation must be included. (*on aerobic systems, pump tank size and pump and alarm settings must be detailed*).
 - D. All water wells on this site and neighboring properties must be identified and located on the site plan.
 - E. Easements and bodies of water (*lakes, watercourses, etc.*) must also be identified.
 - F. All separation distances identified in Table X must be shown.

INSTALLER OR DESIGNER: _____
(signature)

CERTIFICATION #: _____

**TAYLOR COUNTY ENVIRONMENTAL DEPARTMENT
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.**

PROPERTY OWNER(S): _____ SITE LOCATION: _____

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

I. SEWER (house drain):
Type and size of pipe: _____ Slope of sewer pipe tank: _____

II. DAILY WASTEWATER USAGE RATE: $Q =$ _____ (gallons per day)

III. TREATMENT UNIT:

A. SEPTIC TANK:

Manufacturer: _____

Tank dimensions: _____ Liquid depth (tank bottom to outlet): _____

Size required: _____ Size proposed: _____

B. AEROBIC:

Manufacturer: _____ Model #: _____

Size required: _____ Size proposed: _____

Pretreatment tank: Yes ___ No ___

C. OTHER: _____

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

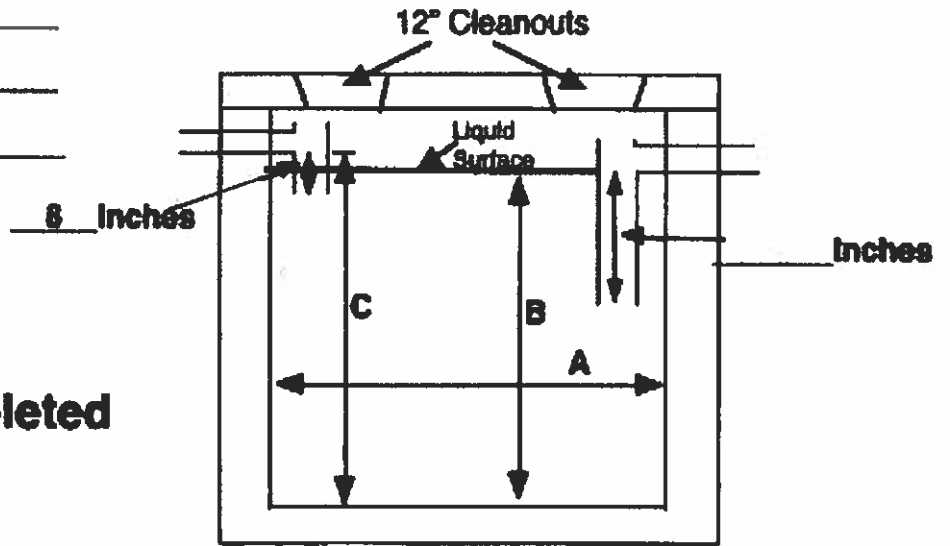
**** The attached checklist details those items that must be addressed under each of these categories. ****

INSTALLER OR DESIGNER SIGNATURE: _____

REGISTRATION NUMBER: _____ DATE: _____

Property Owner: _____
 Application #: _____
 Installer: _____
 License#: OS# _____

**SEPTIC TANK SCHEDULE
(NO SCALE)**

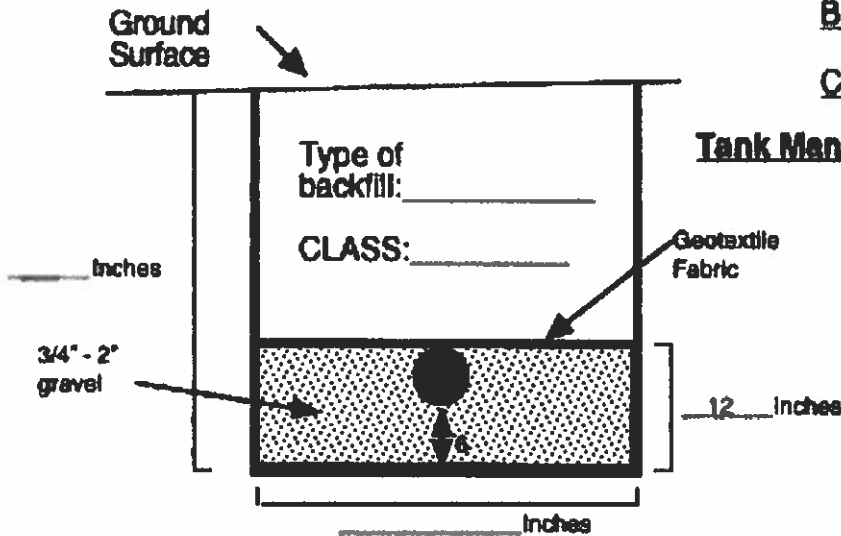


Tank Shape: Round _____ (Round Square, etc)

(1) Tank Size: _____ Gallons (2) Tank Size: _____

A = _____ Inches	A = _____ Inches
B = _____ Inches	B = _____ Inches
C = _____ Inches	C = _____ Inches

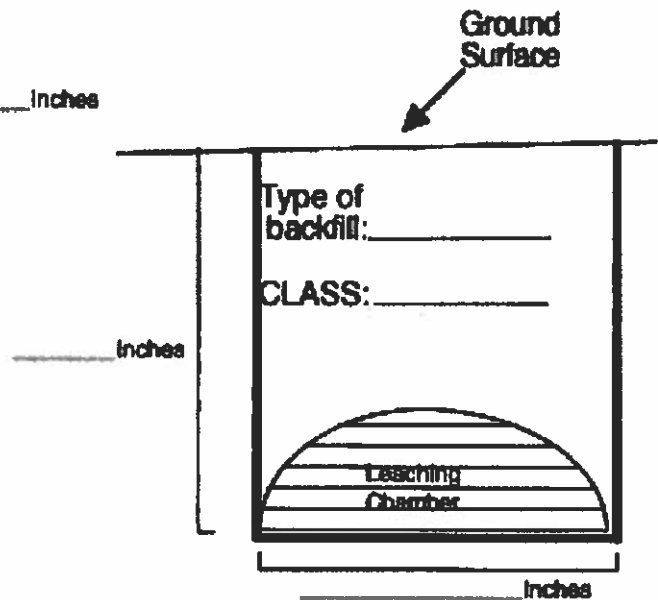
Tank Manufacturer: _____



**TYPICAL TRENCH CROSS SECTION
- 4" PIPE AND GRAVEL - NO SCALE**

If you are using other types of trenches or septic tank(s), make appropriate cross section drawings showing dimensions on back of this page.

No authorization to construct will be issued without cross section drawings.



**TYPICAL TRENCH CROSS SECTION -
LEACHING CHAMBER - NO SCALE**

ON-SITE SEWAGE FACILITY SOIL AND SITE EVALUATION REPORT

PROPERTY OWNER(S): _____ SITE LOCATION: _____

REQUIREMENTS:

- (1) 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.
- (2) 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.
- (3) Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

SOIL BORING NUMBER: One						
Depth (feet)	Texture Class	Soil Texture	Gravel? % and size	Drainage mottles / water table	Restrictive Horizon	OBSERVATIONS Ribbon length, mash test, drop test, fingerprint, LaMotte test, etc.
0 ----						
1 ----						
2 ----						
3 ----						
4 ----						
5 ----						
6 ----						
7 ----						

SOIL BORING NUMBER: Two						
Depth (feet)	Texture Class	Soil Texture	Gravel? % and size	Drainage mottles / water table	Restrictive Horizon	OBSERVATIONS Ribbon length, mash test, drop test, fingerprint, LaMotte test, etc.
0 ----						
1 ----						
2 ----						
3 ----						
4 ----						
5 ----						
6 ----						
7 ----						

PROPOSED EXCAVATION DEPTH: _____ inches

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

Site Evaluator: _____ Certification #: _____ Date: _____

PROPERTY OWNER(S): _____

SITE LOCATION: _____

Schematic of Lot or Tract

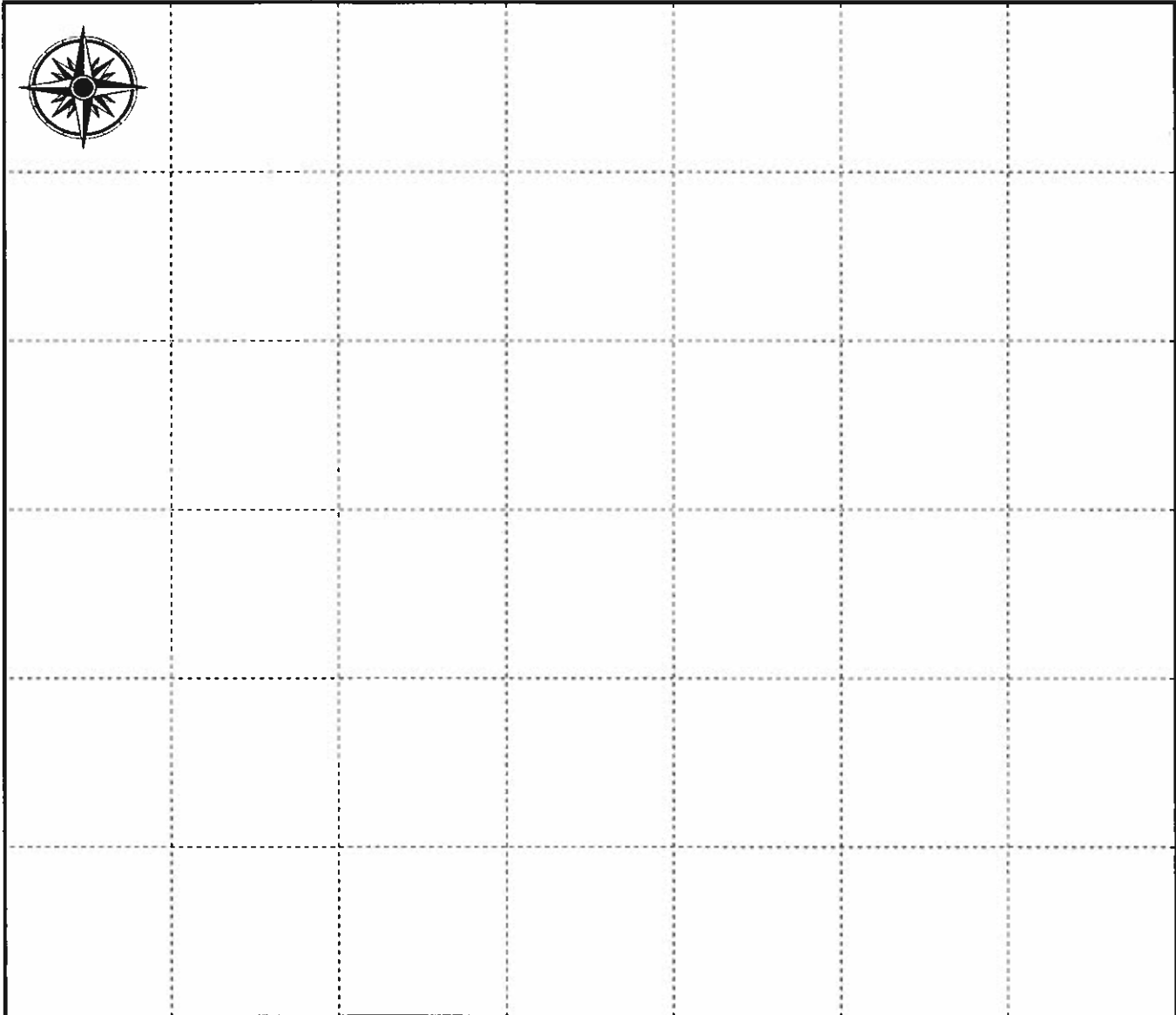
Show:

Compass North, adjacent street, property lines, property dimensions, location of building easements, swimming pools, water lines, and other surface improvements where known (drainage, patios, sidewalks). Location of 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 a 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

Scale: 1" = _____ feet

SITE DRAWING MUST BE DRAWN TO SCALE



Features of Site Area

- | | | |
|---|-----------|----------|
| Presence of 100 year flood zone | Yes _____ | No _____ |
| Presence of adjacent ponds, streams, water impoundments | Yes _____ | No _____ |
| Existing or proposed water well in nearby area | Yes _____ | No _____ |
| Organized sewage service available to lot or tract | Yes _____ | No _____ |

Site Evaluator Name (please print): _____
(Circle One: RS, PE, DR, Installer II)

(Signature)

Date: _____

Site Evaluator Certification #: _____