

APPLICATION TO INSTALL ON-SITE SEWAGE FACILITY

Hartley County

PO Box 69

Channing, TX 79018

Inspector

Ronnie Gordon

806-235-3442 Office

806-235-2060 Home

806-333-0752 Cell

FEES

\$225.00 Residential

\$330.00 Commercial or Business

Application must be submitted to this office and approved prior to the start of construction



Texas Commission on Environmental Quality
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION

TCEQ USE ONLY
APPLICATION NO
DATE RECEIVED
AMOUNT

TCEQ REGION NUMBER

COUNTY OF INSTALLATION

1. PROPERTY OWNER'S NAME: (Last) (First) (Middle)

2. CURRENT MAILING ADDRESS:

3. HOME PHONE NO.: () OTHER or FAX NO.: ()

4. 911 SITE ADDRESS:

5. PROPERTY LEGAL DESCRIPTION:

Acreeage: Plat Date: Subdivision name (if applicable):

PLEASE ATTACH VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY, OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION

6. DIRECTIONS TO SITE:

7. SOURCE OF WATER: Private Well Public Water Supply (Name of Supplier)

8. SINGLE FAMILY RESIDENCE: No. of Bedrooms: Living Area (ft²):

9. COMMERCIAL/INSTITUTIONAL (other than single-family residence) TYPE:

BUSINESS / INSTITUTION NAME:

RESPONSIBLE OFFICIAL: NO. OF EMPLOYEES/UNITS:

10. SITE EVALUATOR: LICENSE NO.

PHONE NO.: () OTHER or FAX NO.: ()

MAILING ADDRESS: CITY: STATE: ZIP:

11. INSTALLER: LICENSE NO.:

PHONE NO.: () OTHER or FAX NO.: ()

MAILING ADDRESS: CITY: STATE: ZIP:

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Texas Commission on Environmental Quality to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

SIGNATURE OF OWNER: DATE:

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

Texas Commission on Environmental Quality

ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

PROFESSIONAL DESIGN REQUIRED?: [] Yes [] No If yes, professional design attached: [] Yes [] No

Designer Name: _____ License Type and No. _____

Phone No. (____) _____ Other or Fax No. (____) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)

Stub out to treatment tank: _____

Treatment tank to disposal system: _____

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

Water Saving Devices: [] Yes [] No

III. TREATMENT UNIT(S): [] Septic Tank [] Aerobic Unit

A. Tank Dimensions: _____ • Liquid Depth (bottom of tank to outlet): _____

• Size Proposed: _____ (gal) • Manufacturer : _____

• Material/Model #: _____

• Pretreatment Tank : [] Yes SIZE : _____ (gal) [] No [] NA

• Pump/Lift Tank : [] Yes SIZE : _____ (gal) [] No [] NA

B. OTHER [] Yes [] No If yes, please attach description.

IV. DISPOSAL SYSTEM:

Disposal Type: _____

Manufacturer and Model: _____

Area Proposed : _____ square feet

V. 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 INSTALLER OR DESIGNER: _____ DATE: _____

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at your local regional office or at 512/239-3799. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.

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TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission <i>(If other is checked please describe in space provided.)</i>		
<input type="checkbox"/> New Permit, Registration or Authorization <i>(Core Data Form should be submitted with the program application.)</i>		
<input type="checkbox"/> Renewal <i>(Core Data Form should be submitted with the renewal form)</i>	<input type="checkbox"/> Other	
2. Customer Reference Number <i>(if issued)</i>	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number <i>(if issued)</i>
CN		RN

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name <i>(Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)</i>		<input type="checkbox"/> Change in Regulated Entity Ownership	
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>			
6. Customer Legal Name <i>(If an individual, print last name first: eg: Doe, John)</i>		<i>If new Customer, enter previous Customer below:</i>	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number <i>(if applicable)</i>
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/> Other:			
12. Number of Employees		13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role <i>(Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following:</i>			
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party	
<input type="checkbox"/> Owner & Operator		<input type="checkbox"/> Voluntary Cleanup Applicant	
<input type="checkbox"/> Other:			
15. Mailing Address:			
City	State	ZIP	ZIP + 4
16. Country Mailing Information <i>(if outside USA)</i>		17. E-Mail Address <i>(if applicable)</i>	
18. Telephone Number		19. Extension or Code	
() -			
		20. Fax Number <i>(if applicable)</i>	
		() -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information <i>(If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)</i>	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
<i>The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC.)</i>	
22. Regulated Entity Name <i>(Enter name of the site where the regulated action is taking place.)</i>	

23. Street Address of the Regulated Entity: (No PO Boxes)							
	City		State		ZIP		ZIP + 4
24. County							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:								
26. Nearest City					State	Nearest ZIP Code		
27. Latitude (N) In Decimal:					28. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
34. Mailing Address:								
	City		State		ZIP		ZIP + 4	
35. E-Mail Address:								
36. Telephone Number		37. Extension or Code			38. Fax Number (if applicable)			
() -					() -			

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name:				41. Title:		
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address			
() -		() -				

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:				Job Title:		
Name (In Print):					Phone:	() -
Signature:					Date:	

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
SITE EVALUATION AND PLANNING MATERIALS FOR AN ON-SITE SEWAGE FACILITY**

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

Application No. _____

Applicants Site Information		Site Evaluator Information	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Phone No.		Phone No.	
County		License No.	

Soil Boring/Backhoe Pit Number <u> #1 </u>						
Depth (Feet)	Soil Class 285.30(b)(1)(A)(i-v)	Gravel Analysis 285.30(b)(1)(B)	Restrictive Horizon 285.30(b)(1)(C)(i, ii)	Groundwater 285.30(b)(2)	Topography 285.30(b)(3)(A)	Flood Hazard 285.30(b)(3)(B)
0						
1 ft						
2 ft						
3 ft						
4 ft						
5 ft						
6 ft						
7ft						

Soil Boring/Backhoe Pit Number <u> #2 </u>						
Depth (Feet)	Soil Class 285.30(b)(1)(A)(i-v)	Gravel Analysis 285.30(b)(1)(B)	Restrictive Horizon 285.30(b)(1)(C)(i,ii)	Groundwater 285.30(b)(2)	Topography 285.30(b)(3)(A)	Flood Hazard 285.30(b)(3)(B)
0						
1ft.						
2ft						
3ft						
4ft						
5ft						
6ft						
7ft						

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

Signature: _____ Lic. No. _____ Date: _____
(Site Evaluator) OS (plus 7 digit #) (mm/dd/yyyy)