

# Madison County Rural Development

101 W. Main Rm 202, Madisonville, Texas 77864

Tel:(936)349-6148 Fax:(936)348-6614

DESIGNATED REPRESENTATIVE – Don Grooms

INSTALLER I – May install conventional system and ET beds.

INSTALLER II – May install conventional systems, aerobic systems, ET beds, etc.

REGISTERED SANITARIAN (RS) – Evaluates land owner's topography performs soil samples and evaluates which system is needed for the type of soil. A RS can also give a plan of design for ET beds, conventional systems, aerobic systems or any other systems licensed and approved through TCEQ. This service is charged and set by the RS and is separate from the permit cost and in some cases the installation cost.

SITE EVALUATOR (SE) - Evaluates land owners topography, performs soil samples and evaluates which system is needed for the type of soil. A SE can also give a plan of design for ET beds, conventional systems. This service is charged and set by the SE and is separate from the permit cost and in some cases the installation cost.

## FOR INSTALLATION OF YOUR SEPTIC SYSTEM BY A LICENSED INSTALLER:

1. Contact either a Site Evaluator (SE) or Registered Sanitarian (RS) and have a site evaluation performed on the property. The site evaluation will let you know what type of septic system is needed for your property. The SE or RS will be able to give you a plan of design for your system as well.
2. Once you know whether you must have a conventional, aerobic or another type of system, contact an installer, licensed through Texas Commission on Environmental Quality.
3. Contact the Designated Representative (DR) and submit the site evaluation and the plan of design for approval BEFORE installation begins. This is usually done by the licensed installer.
4. Contact the permitting office at 101 West Main, Room 115 to obtain a permit to construct a new septic system for \$210.00. If you will be installing an aerobic system, an affidavit will need to be filled out and signed. The land owner should then contact the installer and let them know that approval has been given to construct.
5. From this point, the installer will keep the DR informed as to the progress of the installation. The installer will contact the DR for final inspection.
6. Upon final inspection, a notice of approval to operate the On-Site Sewage Facility will be issued by the Designated Representative.

### \*\*\*For Aerobic Systems Only\*\*\*

Per TCEQ requirements under Chapter 285.7 of the OSSF Rules & Regulatory Guidelines, a two year maintenance agreement will be included in the installation of the aerobic system. Also under this regulation, the land owner must keep a maintenance agreement with a company for the maintenance and up keep of the system throughout the duration of the system. These guidelines are effective February 4, 1997.



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Don.grooms@madisoncountytexas.org

## APPLICATION FOR ON-SITE SEWAGE FACILITY NEW CONSTRUCTION TCEQ REGION #9

NAME OF APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY & ZIP: \_\_\_\_\_

911 ADDRESS (IF DIFFERENT): \_\_\_\_\_

LEGAL DESCRIPTION: SEC \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ DATE \_\_\_\_\_

COPY OF SURVEY ATTACHED-( ) YES ( ) NO SUBDIVISION: \_\_\_\_\_

OTHER THAN SUBDIVISION: ACREAGE \_\_\_\_\_ SURVEY \_\_\_\_\_

TYPE OF RESIDENCE: ( ) STRUCTURE ( ) MANUFACTURED HOME

SOURCE OF WATER: ( ) PRIVATE WELL ( ) PUBLIC WATER SUPPLY \_\_\_\_\_

SINGLE FAMILY RESIDENCE: # OF BEDROOMS \_\_\_\_\_ BATHS \_\_\_\_\_ SQ.FT. \_\_\_\_\_

ESTIMATED USAGE – GALLONS OF WATER PER DAY \_\_\_\_\_

COMMERCIAL/INSTITUTIONAL (INCLUDING MULTI-FAMILY RESIDENCES) TYPE: \_\_\_\_\_

#OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_

SITE EVALUATOR: \_\_\_\_\_ CERTIFICATION#: \_\_\_\_\_

DESIGNER: \_\_\_\_\_ LICENSE# (PE OR RS): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

INSTALLER: \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby give to the TEXAS COMMISSION on ENVIRONMENTAL QUALITY DESIGNATED REPRESENTATIVE (DR) to enter upon the above described property for the purpose of lot evaluation and inspection of the 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 commission's On-Site Facility Rules, TAC30, Chapter 285.

\_\_\_\_\_  
(Signature of HOME OWNER ONLY)

\_\_\_\_\_  
(Date)

FEE RECEIPT NUMBER \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Site Evaluator Information:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Property Location:**

Lot: \_\_\_\_\_ Block \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Address: \_\_\_\_\_  
County: Madison Unincorporated Area: Y/N  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Installer Information:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SCHEMATIC OF LOT OR TRACT**

Show:

- Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines and other structures where known.
- 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 or salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size: \_\_\_\_\_ Acres

**SITE DRAWING**



**FEATURES OF THE SITE AREA**

- |   |  |
|---|--|
| Presence of 100 year flood zone                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Presence of upper water shed                            | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Presence of adjacent ponds, streams, water impoundments | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Existing or proposed water well in nearby area          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Organized sewage service available to lot or tract      | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Date Performed: \_\_\_\_\_

Property Location: \_\_\_\_\_

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 areas. 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.

<b>Soil Boring Number:</b>					
Depth (Feet)	Textural Class	Structure(If applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0					
1					
2					
3					
4					
5					

<b>Soil Boring Number:</b>					
Depth (Feet)	Textural Class	Structure(If applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0					
1					
2					
3					
4					
5					