



Madison County Rural Development

101 West Main Street, Room 115, Madisonville, Texas 77864

Office: (936) 348-2152 Cell: (936) 349-6201

DESIGNATED REPRESENTATIVE - Chase Manning

INSTALLER 1 – May install conventional system and ET beds.

INSTALLER 2 – 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 owner's 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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Chase.manning@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: _____

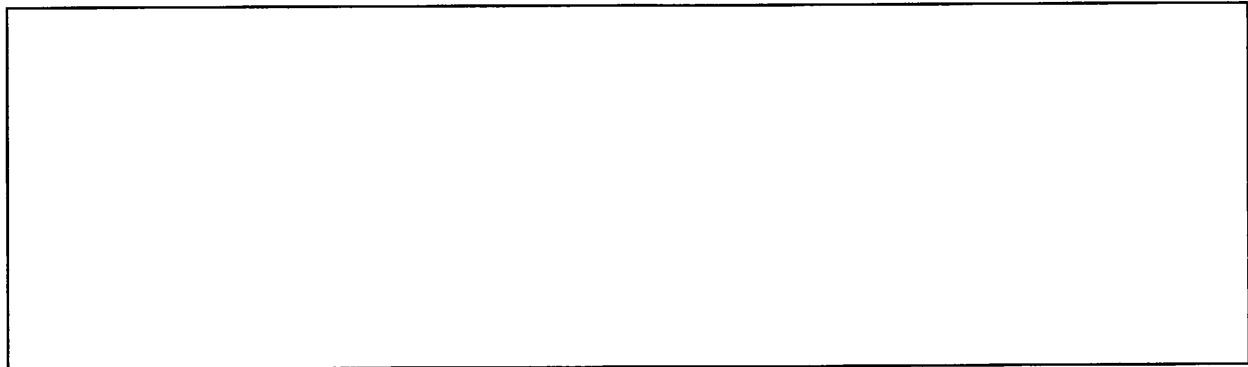
SCHEMATIC OF LOT OR TRACT

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 o 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.

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

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