



# BEE COUNTY COMMUNITY AFFAIRS DEPARTMENT

## APPLICATION FOR ON-SITE SEWAGE FACILITY NEW CONSTRUCTION TCEQ REGION 14

☐ NEW INSTALLATION  
☐ MODIFICATION/REPAIR

CO. USE ONLY

APPLICATION NO. \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

AMOUNT \_\_\_\_\_

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

2. CURRENT MAILING ADDRESS: \_\_\_\_\_

3. PHONE NO.: (\_\_\_\_\_) \_\_\_\_\_ OTHER NO.: (\_\_\_\_\_) \_\_\_\_\_

4. 911 SITE ADDRESS: \_\_\_\_\_

5. PROPERTY LEGAL DESCRIPTION: \_\_\_\_\_

Acreage: \_\_\_\_\_ 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 (ft<sup>2</sup>): \_\_\_\_\_

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.: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

11. INSTALLER: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

PHONE NO.: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

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 Bee County 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/AGENT: \_\_\_\_\_ 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.

# BEE COUNTY COMMUNITY AFFAIRS DEPARTMENT

## 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. (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

• 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.**

**AUTHORIZATION TO CONSTRUCT (ATC) ISSUED** **DATE:** \_\_\_\_\_

**AUTHORIZATION TO OPERATE (ATO) ISSUED** **DATE:** \_\_\_\_\_

**SIGNATURE OF INSTALLER OR DESIGNER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*If you have questions on how to fill out this form, please contact the TCEQ Authorized Agent's Designated Representative (DR) at 361/621/1553.*

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**BEE COUNTY OSSF SOIL EVALUATION FORM****PERMIT No:** \_\_\_\_\_

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

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

Site Evaluator: \_\_\_\_\_

Proposed Excavation Depth: \_\_\_\_\_

**Requirements:**

- At least two soil excavations must be performed on the site, at upper and lower elevations and spanning the area of the proposed disposal area.
- Location of the soil boring or dug pits must be performed to a depth of at least two feet below the proposed excavation depth, or to restrictive horizon. For surface disposal, the surface horizon must be evaluated.
- Describe each soil horizon and identify any restrictive features on the form. Indicate the depths of the features.

Soil Boring Number: _____					
Depth (inches)	Texture & Classification	Drainage (Mottles/Water Table)	Restrictive Horizon	Gravel Analysis	Observations/Notes
0" _____					
12" _____					
24" _____					
36" _____					
48" _____					
60" _____					
72" _____					

  

Soil Boring Number: _____					
Depth (inches)	Texture & Classification	Drainage (Mottles/Water Table)	Restrictive Horizon	Gravel Analysis	Observations/Notes
0" _____					
12" _____					
24" _____					
36" _____					
48" _____					
60" _____					
72" _____					

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

Site Evaluator Name: \_\_\_\_\_  
(printed)

Signature: \_\_\_\_\_

Site Evaluator License #: \_\_\_\_\_

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

# BEE COUNTY OSSF SITE EVALUATION FORM

## APPLICANT INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## PROPERTY INFORMATION

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section/Phase: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Other Legal Description: \_\_\_\_\_

## SITE EVALUATOR INFORMATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## PARTY FOR DIGGING HOLES OR BORINGS

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### 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 on property or within 150' of proposed absorption or irrigation area.
- indicate slope or provide contour lines from the structure to the farthest location of proposed absorption or irrigation area.
- location of soil boring/dug pits (show location with respect to known reference points).
- location of natural, constructed, or proposed drainage ways, bodies of water (streams, ponds, lakes, rivers, high tide area, etc.), water impoundments, cut or fill bank, sharp slopes and breaks

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

### Site Drawing

scale: 1" =

NDTS (not drawn to scale)

Based on this site evaluation, the following disposal types may be utilized:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Conventional     | <input type="checkbox"/> ET                | <input type="checkbox"/> Drip               |
| <input type="checkbox"/> Leaching Chamber | <input type="checkbox"/> Soil Substitution | <input type="checkbox"/> Mound              |
| <input type="checkbox"/> Graveless        | <input type="checkbox"/> LPD               | <input type="checkbox"/> Surface Irrigation |
| <input type="checkbox"/> EZflow           | <input type="checkbox"/> Other _____       |   |

### FEATURES OF SITE AREA

Presence of 100-year flood zone	Yes	No
Presence of adjacent ponds, streams, or water impoundments	Yes	No
Existing or proposed water well within 150'	Yes	No
Organized sewerage available to lot or tract	Yes	No
Evidence of groundwater	Yes	No

Site Evaluator Signature: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_