



Wilson County Health & Public Safety
 800 10th Street Building B
 Floresville, Texas 78114
 830-393-8503

Wilson County Use Only
 OSSF Permit # _____

APPLICATION FOR ON-SITE SEWAGE FACILITY
 TCEQ Region 13

- New system
- Replacement
- Repair/Alteration

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: _____ No. of Bathrooms: _____ 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: _____

11. INSTALLER: _____ LICENSE NO.: _____

PHONE NO.: _____ OTHER or FAX NO.: _____

MAILING ADDRESS: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to Wilson County Health & Public Safety 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: _____



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**ON-SITE SEWAGE FACILITY
 TECHNICAL INFORMATION FOR PERMIT**

PROFESSIONAL DESIGN REQUIRED per Wilson County Ordinance

Designer: _____ License Number: _____

License Type: _____ Address: _____

Phone: _____ Fax: _____ Email: _____

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 / No SIZE : _____ (gal)

Pump/Lift Tank : Yes / No SIZE : _____ (gal)

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

IV. DISPOSAL SYSTEM:

Disposal Type: _____ Trench: length _____ x _____ width

Area Proposed: _____ square feet Area required: _____ 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 DESIGNER: _____ **DATE:** _____

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact the Wilson County Health and Public Safety Office at 830-393-8503. Individuals are entitled to request and review the personal information that WC H&PS gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 830-393-8503.

**WILSON COUNTY
OSSF SOIL EVALUATION**

Date Performed: _____ Proposed Excavation Depth: _____

Property Location: _____ Textural Class Determined For Drain field: _____

Name of Site Evaluator: _____ Registration Number: _____

Requirements:

At least two (2) soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Location 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 (2) 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 this 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					

*****ATTACH COPY OF SITE DRAWING*****

Features of Site Area

Presence of 100 year flood zone	See Wilson County Development Permit Application
Presence of upper water shed	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

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

Signature of Site Evaluator

Date

CARE OF YOUR NEW SEPTIC TANK

Facility owners' responsibilities: a properly designed on-site sewerage facility, properly constructed in a suitable soil can malfunction if the amount of water it is required to dispose of is not controlled. It will be the responsibility of the owner to maintain and operate the facility in a satisfactory manner. The proper performance of an on-site sewerage facility cannot be guaranteed even though all provisions of these Standards have been met. Inspection and licensing of an on-site sewerage facility by the licensing authority shall indicate only that the facility meets minimum requirements and does not relieve the owner of the property from complying with County, State and Federal Regulations. On-site sewerage facilities, although approved as meeting minimum Standards, must be upgraded by the owner, at the owner's expense, if the owner's operation of the nuisance conditions are threatened or occur, or if the facility when used does not comply with government regulations.

An on-site sewerage system should not be treated as if it were a city sewer. Economy in the use of water helps prevent overloading of a sewerage system that could lessen its usefulness. Leaky faucets and faulty commode fill-up mechanisms should be carefully guarded against. Garbage grinders can cause a rapid buildup of sludge or scum resulting in a requirement for more frequent cleaning and possible system failure. The excessive use of garbage grinders and grease discarding should be avoided.

Check commodes for leaks that may not be apparent. Add a few drops of food coloring to the tank. Do not flush. If the color appears in the bowl within a few minutes, the toilet flush mechanism needs adjustment or repair.

Do not use the toilet to dispose of cleaning tissues, cigarette butts or other trash. This disposal practice will waste water and also impose an undesired solids load on the treatment system.

Since it is not practical for the average homeowner to inspect his tank and determine the need for cleaning, a regular schedule of cleaning the tank at two (2) to three (3) year intervals should be established. Commercial cleaners are equipped to readily perform the cleaning operation. Owners of septic tank systems shall engage only persons registered with the Texas Commission on Environmental Quality to transport the septic tank cleanings.

Signature of Property Owner

Date

Signature of Homeowner

Date