APPLICATION PERMIT #_____ DEVELOPMENT PERMIT # _____

FEE PAID $_____ CULVERT PERMIT # _____

DENTON COUNTY PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION
3900 MORSE ST
DENTON, TEXAS 76208

APPLICATION FOR A PERMIT TO INSTALL & LICENSE TO OPERATE A PRIVATE ON-SITE SEWAGE FACILITY

(Application Fee for Authorization to Construct and Inspection: $310.00
Make checks payable to Denton County)

Application must be filled out completely (pages 1 and 2) to be considered by Denton County.

NAME OF OWNER: _____

CONSTRUCTION ADDRESS: _____ CITY: _____

ZIP CODE: _____ TELEPHONE NUMBER: _____

EMAIL ADDRESS:_____

Describe location or attach sketched map with landmarks and approximate distances

MAP TO PROPERTY LOCATION:

LOCATION OF PROPERTY IF LOCATED IN A SUBDIVISION:

_____/_____/_____/_____
Name of Subdivision Section No. Block No. Lot No.

Acreage or Tract Size: _____

Is any part of property in the floodplain? YES_____ NO_____

DESCRIPTION OF DWELLING TO BE SERVED:

☐ SINGLE FAMILY ☐ MULTI FAMILY ☐ COMMERCIAL/INSTITUTIONAL ☐ OTHER

Building: _____SQ. FT. Number of Bedrooms _____

Water Source: _____

Is there any water well, planned or present: Yes No ⟵Application is void until one is clearly circled.

TYPE OF ON-SITE SEWAGE FACILITY APPLIED FOR: (check one)

□ Lateral Lines/Conventional Septic **□ Aerobic Treatment Unit**

□ Leaching Chambers (Panels) **□ Low Pressure Dosing**

□ Evapotranspiration Beds (ET) **□ Other_____**

CONSTRUCTION INFORMATION:

Installer's Name: _____ Phone: _____

Address: _____

Email Address: _____ OSSF License: _____

SOIL AND SITE EVALUATION:

This application will not be processed unless a copy of a valid site evaluation performed in the area where each septic system is to be installed is provided. In addition, a site plan giving the following information must be provided. The site plan should be drawn to scale and must show accurately measured distances. Please include address and legal description on the site plan.

1. **Size of the lot and the dimensions and location of all existing or proposed buildings.**
2. **Location of septic tanks and drain field.**
3. **Location and distance of all water wells within 150 ft.**
4. **Distance to any ponds, creeks, rivers, drainage ditches or swimming pools.**
5. **Location of potable water lines, indicate all slope directions with percentages, areas with slope equal to or less than 2% and areas with slope greater than 15%, and easements.**
6. **Location of any part of the lot which is in the floodplain as identified on the Denton County Flood Insurance Rate Maps. Presence or absence of floodplain must be indicated on site plan.***

I hereby make application for an authorization to construct and operate a private sewage disposal system in Denton County, Texas. Authorization is hereby given to the Environmental Health Division of Denton County Public Health, the Texas Commission on Environmental Quality (TCEQ), and the Department of State Health Services (DSHS), or their agents or designees, singly or jointly, to enter upon the above described property for the purpose of inspecting private sewage facilities or for any reason consistent with the enforcement of these regulations set by the TCEQ, DSHS or Denton County.

Date: _____ **_____**

Signature of Owner

(If signed by the property owner's authorized agent, provide name, address and telephone number.)

***If the building is in a designated special flood hazard area, a complete flood elevation certificate is required.**

STATE OF TEXAS
THE COUNTY OF DENTON

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of **DENTON** County, Texas.

I

The Texas Health and Safety Code, Chapter 366 authorizes Denton County Public Health, Environmental Health Division to regulate on-site sewage facilities (OSSF). Additionally, the Texas Water Code (TWC) 5.012 and 5.013 gives Denton County Public Health, Environmental Health Division primary responsibility for implementing the laws of the State of Texas in Denton County relating to water and adopting rules necessary to carry out its powers and duties under the TWC. Denton County, under the authority of the TWC and the Texas Health and Safety Code, requires property owners to provide notice to the public that certain types of OSSF are located on specific pieces of property. To achieve this notice, Denton County requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by Denton County of the suitability of this OSSF, nor does it constitute any guarantee by Denton County that the appropriate OSSF was installed.

II

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code 285.91(12) will be installed on the property described as:

Legal description: _____

Property Address: _____

The property is owned by: _____

This OSSF must be covered by a continuous maintenance contract or maintained per Denton County OSSF order. All maintenance on this OSSF must be performed by an approved maintenance company or per Denton County OSSF order. Signed maintenance contracts must be submitted to **Denton County Public Health, Environmental Health Division** within 30 days after the property had been transferred when applicable.

The owner will, upon any sale or transfer of the above described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from **Denton County Public Health, Environmental Health Division.**

PROPERTY OWNER/AGENT PRINTED NAME: _____

PROPERTY OWNER/AGENT SIGNATURE: _____DATE_____

Before me _____ (here insert the name and character of the officer)

on this day personally appeared _____, known to me

(or proved to me on the oath of _____ or through

_____ (description of identity card or other document))

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D., _____.

(SEAL)

_____
Notary Public, State of Texas

Notary's Printed Name: _____

My Commission Expires: _____