

ON-SITE SEWER FACILITY (OSSF) CHECKLIST (LISTA DE COMPROBACIÓN DE SISTEMA SEPTICAS)

SUBMITTAL REQUIREMENTS (REQUISITOS DE ENVÍO)

ALL ITEM BELOW MUST BE INCLUDED TO SUBMIT AN APPLICATION

(TODOS LOS ELEMENTOS A CONTINUACIÓN DEBEN INCLUIRSE PARA PRESENTAR UNA SOLICITUD)

1. A complete signed application including all attached forms, original signatures and/or notarized Letter of Authorization/Power of Attorney, if applicable (*Una solicitud firmada completa incluyendo todos los formularios adjuntos, firmas originales o carta notariada de Autorización, si corresponde*).
2. Site and Soil Evaluation Tests - results performed by a certified Site Evaluator, Professional Engineer or Registered Sanitarian (with a Site Evaluator license). This will determine what kind of system can be installed (*Pruebas de Evaluación de Sitio y Suelo - Resultados realizados por un Evaluador de Sitio, Ingeniero Profesional o Sanitario Registrado (con una licencia de Evaluador de Sitio). Esto determinará qué tipo de sistema se puede instalar*).
3. The design of the proposed system to be installed, as required by State Law. Design must be approved by inspector (*El diseño del sistema propuesto sera instalado, según lo requerido por la Ley del Estado. El diseño debe ser aprobado por el inspector*).
4. A scaled as-built survey/site plan showing property lines, easements, slopes, building and septic location (see Schematic of Lot or Tract on this application). A separate piece of paper may be attached, if desired. (*Un plan de sitio a escala que muestre líneas de propiedad, servidumbres, edificios y ubicación séptica (vea Esquema de lote o transacción en esta aplicación). Si lo desea, puede adjuntar un trozo de papel aparte*).
5. All submitted documents must be a digitally-produced and/or professional-quality. If staff deems the documents to be unreadable, the submittal will not be accepted (*Todos los documentos enviados deben ser de producción digital y/o calidad profesional. Si determinamos que los documentos son ilegibles, la presentación no será conforme*).
6. Proof of legal land ownership (i.e. general warranty deed, special warranty deed, title policy, etc.) (*Prueba de propiedad legal de la tierra (escritura de garantía general, escritura de garantía especial, política de título, etc.)*).
7. Applicable fees with checks made payable to EC-DOD. Credit card payments are also accepted with a 2.4% convenience fee added (*Tarifas aplicables con cheques hechos a EC-DOD. También se aceptan pagos con tarjeta de crédito con un cargo adicional del 2,4%*).
8. Any other requirement not listed below may be required on a case-by-case basis, based on the uniqueness of the project (*Cualquier otro requisito que no se enumere a continuación puede ser requerido caso por caso, basado en la singularidad del proyecto*).

AEROBIC SYSTEMS SUBMITTAL REQUIREMENTS (REQUISITOS DE ENVÍO DE SISTEMAS AERÓBICOS)

IN ADDITION TO THE ITEMS LISTED ABOVE, THE ITEMS BELOW WILL BE REQUIRED FOR AEROBIC SYSTEMS (ADEMÁS DE LOS ELEMENTOS ENUMERADOS ANTERIORMENTE, LOS ELEMENTOS QUE SE INDICAN A CONTINUACIÓN SERÁN NECESARIOS PARA LOS SISTEMAS AERÓBICOS)

- **Service Contract** - Must be signed by both parties, dated and list the servicer's name, physical address, phone number/email along with homeowner's name, address, phone number, and email address (**Contrato de servicio** - *Debe ser firmado por ambas personas, fechado y listar el nombre del administrador, dirección física, número de teléfono/email junto con el nombre del propietario, dirección, número de teléfono y email*).
- A **certified copy of the notarized affidavit** AFTER it has been filed in the Clerk's Office. It must have a copy of the legal description attached as an exhibit. Payment due at time of filing (*Una copia certificada de la declaración jurada notariada DESPUÉS de haber sido presentada en la Oficina del Clerk del Condado. Debe tener una copia de la descripción legal adjunta como prueba. Pago debido en el momento de la presentación*).

OTHER SUBMITTAL REQUIREMENTS (OTROS REQUISITOS DE ENVÍO)

IN ADDITION TO THE ITEMS LISTED ABOVE, THE ITEMS BELOW ARE REQUIRED FOR THE FOLLOWING (ADEMÁS DE LOS ELEMENTOS ENUMERADOS ARRIBA, LOS SIGUIENTES ELEMENTOS SON NECESARIOS PARA EL SIGUIENTE):

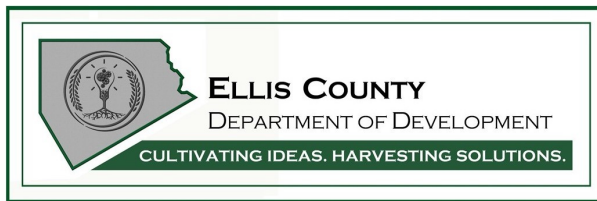
ALTERATIONS : A copy of the current contract for any alterations and a detailed description of work to be performed (**MODIFICACIONES**: *Una copia del contrato actual para cualquier alteración y una descripción detallada del trabajo a realizar*).

HOOK - TO: Affidavit to the Public and location map, drawing on file or uncover tank lids to verify system is there (**ENGANCHO**: *Declaración jurada al público y mapa de localización, dibujo del sistema o descubrir tapas de tanque para verificar que el sistema está ahí*).

REPAIRS: A detailed description of the methods & materials used in repairs and Installer's drawing of existing system highlighting the location and description of repairs and Affidavit to the Public (**REPARACIONES**: *Una descripción detallada de los métodos y materiales utilizados en las reparaciones y el dibujo del instalador del sistema existente que ilumina la ubicación y descripción de las reparaciones y la declaración jurada al público*).

109 South Jackson Street
Waxahachie, TX 75165

Main Phone: 972-825-5200
Department Website: ellispermits.com
Department Email: dod@co.ellis.tx.us



Permit No. _____
Received by: _____
Receipt No: _____
Dev. Permit No. _____

OSSF TECHNICAL INFORMATION FOR PERMIT

PROFESSIONAL DESIGN REQUIRED: Yes No If Yes, is professional design attached: Yes No

Name: _____

Site Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Main Phone: _____ **Email:** _____

License Type & No. _____

TYPE AND SIZE OF PIPING: (Example: 4" SCH 40 PVC)

From stub out to treatment tank: _____

From treatment tank to disposal system: _____

DAILY WASTEWATER USAGE RATE: Q = _____ (gallons/day)

Water Saving Devices: Yes No

TREATMENT UNIT(S): Septic Tank Aerobic Unit

Tank Dimensions: _____

Liquid Depth (bottom of tank to outlet): _____

Size proposed (in gallons): _____

Manufacturer: _____

Material/Model No. _____

Pretreatment Tank: Yes Size: _____ (gal) No NA

Pump/Lift Tank: Yes Size: _____ (gal) No NA

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

DISPOSAL SYSTEM:

Disposal Type: _____

Manufacturer and Model _____

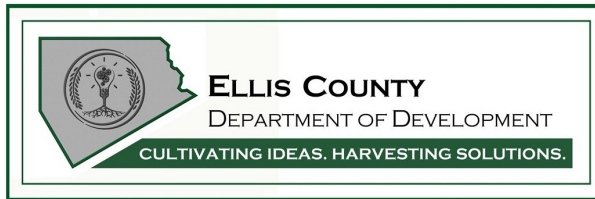
Area Proposed: _____ Area Required: _____

ADDITIONAL INFORMATION: Note - this information must be attached for review to be completed.

- Soil/Site Evaluation
- Planning Materials (if applicable).

**DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.**

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OSSF SOIL EVALUATION FORM

Date Performed: _____

Owner's Name: _____

Site Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Site Evaluator: _____ **O.S. No.** _____

Proposed Excavation Depth: _____

*At least two soil evaluations must be performed on the site, at opposite ends of the disposal area. Please show the results of each soil evaluation on a separate table. Locations of soil evaluations must be shown on site drawing.

*For subsurface disposal, soil evaluations must be performed to a depth of at least 2 ft below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

* Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

* A gravel analysis is required for Class II & III soils (Chapter 285.30 (B)).

SOIL BORING NO. 1

Depth (inches)	Textual Class	Drainage/Mottles Water Table	Restrictive Horizon	Comments
12"				
24"				
36"				
48"				
60"				

SOIL BORING NO. 2

Depth (inches)	Textual Class	Drainage/Mottles Water Table	Restrictive Horizon	Comments
12"				
24"				
36"				
48"				
60"				

I certify that the above findings are true and based on my own on-the-ground field observations performed at the actual site:

Signature: _____ **Site Evaluator No.** _____

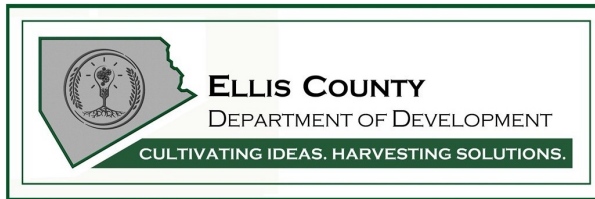
Address: _____

Main Phone: _____ **Email:** _____

The test data and other information on this report is required by Ellis County. The design, construction, and installation of each system is based upon specific conditions affecting each lot or tract and must be approved by Ellis County.

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OSSF SITE EVALUATION REPORT

Date Performed: _____

Site Evaluator Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Main Phone: _____ **Email:** _____

PROPERTY LOCATION:

LEGAL DESCRIPTION: _____

Site Address: _____

City: _____ **State:** _____ **Zip Code:** _____

SCHEMATIC OF LOT OR TRACT

Use the attached graph sheet or other separate sheet for a **PROFESSIONAL-QUALITY SCALED DRAWING** of the proposed system on the site along with the following required items listed below. Drawings that do not contain these items will not be accepted.

- North arrow.
- Adjacent streets.
- Name of subdivision/legal description and survey of property.
- Direction of slope along with percent slope (include sharp slopes, if any).
- Property lines.
- Building setbacks.
- Utility easements.
- Location of any floodplain, if any.
- Location of **ALL** proposed structures and label with area in square feet, including residential dwelling, accessory buildings, swimming pools, shops, etc.
- Label and locate natural, constructed or proposed drainage ways, water impoundment areas, cut or fill banks.
- Label and locate all existing or proposed water wells along with area and depth.
- Label and locate numbered soil boring and dug pits (show distance of each hole from property line or other discernible point).
- Distances between system and all proposed improvements.
- Distances to nearest property lines.
- Radius of spray areas.
- Designer signature and seal.
- Any other information that may be useful in helping process this application or requested by the Inspector.

Presence of 100-year flood zone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Firm Panel No. _____
Presence of upper water shed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Presence of adjacent ponds, streams, water impoundment areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Existing or proposed water well in nearby area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Signature: _____ **Site Evaluator No.** _____

Address: _____

Main Phone: _____ **Email:** _____

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AFFADAVIT TO THE PUBLIC (DECLARACION JURADA AL PUBLICO)

Property Address with Septic System (Dirección de propiedad con sistema séptica):

Legal Description: (Descripción legal de la propiedad)

SELECT ALL THAT APPLY (SELECCIONE TODOS QUE APLIQUEN)

**EXISTING SEPTIC SYSTEM
(SISTEMA SEPTICA EXISTENTE)**

The undersigned further states that if the existing septic system fails, a new system must be designed and installed according to the current standards. This will require but not be limited to a soil analysis and a design to verify if a new system will fit and still complies with state and county rules and regulations (El abajo firmante afirma que si el sistema séptico existente falla, se debe diseñar e instalar un nuevo sistema de acuerdo con las reglas actuales. Esto requerirá, pero no se limitará a un análisis del tierra y un diseño para verificar si un nuevo sistema encajará y todavía cumple con las reglas estatales y del condado).

INITIAL HERE
(INICIALES AQUI) _____

**MAINTENANCE CONTRACT
(ACUERDO/CONTRATO DE MANTENIMIENTO)**

The undersigned further states that an aerobic treatment on-site wastewater treatment system is being or installed according to the regulations set forth by Ellis County. As required by the County, the undersigned entered into a maintenance agreement with an approved maintenance company for service and repairs to the aerobic treatment system. The undersigned understands that a maintenance agreement shall be renewed before the initial contract expires and shall be in place for the lifetime of the on-site wastewater treatment system. Further, the undersigned states that they will, upon any sale or transfer of the above-described property, request a transfer of the permit to operate such surface application system to the buyer of transferee. Any buyer of transferee is hereby notified that the maintenance contract with an approved maintenance agreement company will be required for the use of the on-site wastewater treatment system for the lifetime of the system (El abajo firmante afirma que se está o se ha instalado un sistema de tratamiento aeróbico de aguas residuales de acuerdo con las reglas del Condado de Ellis. Según requerido por el Condado, el abajo firmante tiene un acuerdo de mantenimiento con una compañía de mantenimiento aprobada para el servicio y las reparaciones del sistema de tratamiento aeróbico. El abajo firmante entiende además que un acuerdo de mantenimiento será renovado antes de que el contrato inicial expire y tendrá un contrato de mantenimiento durante la vida del sistema. Además, en caso de venta o transferencia de la propiedad descrita anteriormente, solicitarán al comprador del cesionario la transferencia del permiso para operar dicho sistema de aplicación de superficie. Cualquier comprador del cesionario es notificado por la presente que el contrato de mantenimiento con una compañía de mantenimiento aprobado será requerido para el uso del sistema de tratamiento de aguas residuales durante la vida útil del sistema).

INITIAL HERE
(INICIALES AQUI) _____

Contact the Ellis County Department of Development for more information about septic systems regulations by visiting ellispermits.com (Contacte al Condado de Ellis para mas información sobre las reglas de sistemas sépticas visitando la pagina web ellispermits.com)

NOTARY STATEMENT

COUNTY OF ELLIS
STATE OF TEXAS

Before me, the undersigned authority, on this day personally appeared _____ (name of homeowner) who after being duly sworn, upon oath states that he/she is the owner of record of that certain tract or parcel of land lying and being situated in Ellis County, Texas, and being more particularly described in the attached document.

Printed Name of Property Owner

Signature of Property Owner

Printed Name of Property Owner

Signature of Property Owner

Sworn to and subscribed before me on this the _____ day
of _____, 20_____.

Notary Signature

Permit No. _____

Received by: _____