

**BELL COUNTY PUBLIC HEALTH DISTRICT**  
**APPLICATION TO CONSTRUCT OSSF**  
*(Revised 2017)*



- New Installation
- Repair
- Alteration
- MC
- Affidavit

<b><u>Bell County Use Only</u></b>	
Authorization _____	AMOUNT PAID \$ _____ CK # _____
APPROVED _____	Date _____ RECT # _____
REVIEWED BY: _____	Variance Requested: Yes _____ No _____

Property ID # \_\_\_\_\_

PROPERTY OWNER'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ Zip Code \_\_\_\_\_ PHONE # \_\_\_\_\_

SITE LOCATION \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

LEGAL DESCRIPTION: Subdivision \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_ Section# \_\_\_\_\_

or Survey Name \_\_\_\_\_ Abs. # \_\_\_\_\_ Vol. # \_\_\_\_\_ Pg. # \_\_\_\_\_ Acres \_\_\_\_\_

SOURCE OF WATER:  Private Well -  Public Well -  Name of Public Water Supply \* \_\_\_\_\_

RESIDENTIAL: Number of Bedrooms \_\_\_\_\_ - Square feet of living area \_\_\_\_\_

NON-RESIDENTIAL (including multi-family residence) - TYPE OF FACILITY: \_\_\_\_\_

(Number of employees/occupants/units) \_\_\_\_\_ Days occupied per week \_\_\_\_\_

SITE EVALUATOR: \_\_\_\_\_ License # \_\_\_\_\_ Phone # \_\_\_\_\_

DESIGNER: \_\_\_\_\_ License # \_\_\_\_\_ Phone # \_\_\_\_\_

INSTALLER: \_\_\_\_\_ License # \_\_\_\_\_ Phone # \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the BCPHD to enter upon the above described property for the purpose of lot evaluation and inspection of the on-site facility and that a license to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with this agency's On-Site Sewage Facility Rules, TITLE 30, TAC Chapter 285.

\_\_\_\_\_  
 Signature of Owner / Print Name / (Date)

<b><u>Treatment:</u></b>	<b><u>Disposal:</u></b>
Standard _____ Size Req _____	Type: _____
Aerobic _____ Size Req _____	_____
No. of bedrooms _____ GPD _____ Soil Type _____	Area Req: _____

**BELL COUNTY PUBLIC HEALTH DISTRICT**  
**2017**

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL. SETTING A TANK CONSTITUTES CONSTRUCTION. UNAUTHORIZED CONSTRUCTION CAN RESULT IN LEGAL ACTION.

OWNER'S NAME: \_\_\_\_\_

SITE LOCATION: \_\_\_\_\_

Professional design required?     YES     NO

**I. SEWER:** (House Drain):

Type and size of pipe: \_\_\_\_\_ Slope of sewer pipe to tank: 1/8 per ft. minimum

**II. DAILY WASTEWATER USAGE RATE:**    Q = \_\_\_\_\_ (gallons / day)  
Water Saving Devices?     YES     NO

**III. TREATMENT UNIT:**

**A: SEPTIC TANK:**

Size Required \_\_\_\_\_ Size proposed: \_\_\_\_\_

**B: AEROBIC:**

▪ Manufacturer: \_\_\_\_\_ Model# \_\_\_\_\_

▪ Size Required: \_\_\_\_\_ Size Proposed \_\_\_\_\_

▪ Pretreatment Tank?     YES     NO

**C: OTHER:** \_\_\_\_\_

(Please attach description)

**IV. DISPOSAL SYSTEM:**

TYPE: \_\_\_\_\_

▪ Area Required: \_\_\_\_\_ Area Proposed: \_\_\_\_\_

**V. ADDITIONAL INFORMATION:**

**NOTE: THE FOLLOWING INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED**

- 1) Site Evaluation
- 2) Planning Materials / Design

# On-Site Sewage Facility Soil Evaluation Report Information 2017

Site Location: \_\_\_\_\_

COUNTY: BELL

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

### Test Hole # 1

Depth (inches)	Texture Class	Soil Texture	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0					
1					
2					
3					
4					
5					

### Test Hole #2

Depth (inches)	Texture Class	Soil Texture	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0					
1					
2					
3					
4					
5					

At least **two (2)** soil excavations must be performed on the site. (**Locations of soil borings must be shown on the site drawing**).

**SUBSURFACE DISPOSAL:** Soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. Describe each soil horizon and identify any restrictive features on the form.

**SURFACE DISPOSAL:** The surface horizon must be evaluated.

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

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Signature of Site Evaluator    /    Print Name    /    License #    /    (Date)  
Circle One / P.E. S.E.

# OSSF SITE EVALUATION 2017

## APPLICANT INFORMATION

Name \_\_\_\_\_  
Site Location: \_\_\_\_\_  
City / State \_\_\_\_\_  
Block \_\_\_\_\_ Lot \_\_\_\_\_ Section \_\_\_\_\_  
Additional Information \_\_\_\_\_

## SITE EVALUATOR INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_

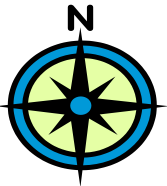
**Please put a check or N/A on each space below;**

- 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) water. Sharp slopes or breaks.

Lot size: \_\_\_\_\_ Acres

Scale: \_\_\_\_\_

**\*\*DRAINFIELD DRAWING SHOULD BE ON A SEPARATE SHEET\*\***



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Site Evaluator Signature / Print Name / License # / Date  
Circle One / P.E., S.E.

# AFFIDAVIT TO THE PUBLIC

(Aerobic System Notice to the Public)

**THE COUNTY OF BELL**  
STATE OF TEXAS

## CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality (TCEQ) Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of BELL COUNTY, Texas.

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

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code § 285.91 (12) will be installed on the property described as: **Property ID#** \_\_\_\_\_

Survey Name \_\_\_\_\_ Abs. # \_\_\_\_\_ Vol # \_\_\_\_\_ Pg # \_\_\_\_\_ Acres \_\_\_\_\_

OR

Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Section/Phase \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

This property is owned by \_\_\_\_\_

PLEASE PRINT OWNER'S NAME LEGIBLY

Gallons per day \_\_\_\_\_

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company or the properly trained owner of this property, and a signed maintenance contract must be submitted to the Bell County Public Health District within 30 days after the property has been transferred.

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 the Bell County Public Health District.

WITNESS IN HAND(S) on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Owner or Agent) Signature

\_\_\_\_\_  
(Owner or Agent) Printed Name

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

**Bell County Public Health District**  
PO Box 2149  
Temple, TX 76503  
(Environmental Health Services)

\_\_\_\_\_  
Notary Public, State of Texas

Notary's Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_