



ANGELINA & NECHES RIVER AUTHORITY

2901 N John Redditt Drive

Lufkin, TX 75904

Phone: (936) 632-7795

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**ANRA USE ONLY**

Application Number

Date Received

Amount

Check #

Receipt #

Comments

FORM ID#: ANRA-OSSF

Revision Date: 09/04/2019

Approved by: KTH

# APPLICATION FOR PERMIT TO CONSTRUCT AN ON-SITE SEWAGE FACILITY (OSSF)

## PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_  
*Street / P.O. Box City ST Zip*

Phone: ( ) ( ) ( )  
*Home Work Cell*

Fax: ( ) Email: \_\_\_\_\_

## PROPERTY INFORMATION

Property Address: \_\_\_\_\_  
*Street City ST Zip*

County: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
*If Known If Known*

## LEGAL DESCRIPTION OF PROPERTY

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

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Document: \_\_\_\_\_ Volume: \_\_\_\_\_ Page: \_\_\_\_\_

Tax #: \_\_\_\_\_ Acres: \_\_\_\_\_ or Lot Size: \_\_\_\_\_

Brief Description of Property Location:

\*\*\* Please provide directions and/or a map to the property on Page 3 \*\*\*

## STRUCTURE/DWELLING INFORMATION

**FACILITY TYPE**    Single Family Residence    Duplex    Commercial    Other (*specify*): \_\_\_\_\_

Living Area (Square Feet): \_\_\_\_\_      Water-Saving Toilets?    Yes    No      # Toilets: \_\_\_\_\_

Number of People: \_\_\_\_\_      Water Softener?    Yes    No      # Urinals: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_      # Lavatories: \_\_\_\_\_

If Seasonal, months in use: \_\_\_\_\_      # Showers: \_\_\_\_\_

Year Structure Built: \_\_\_\_\_      # Bathtubs: \_\_\_\_\_

Is this a Rental Property?    Yes    No      # Dishwashers: \_\_\_\_\_

**WATER SUPPLY TYPE**    Private Water Well    Public Water Supply      # Clothes washers: \_\_\_\_\_

Name of Public Water Supply: \_\_\_\_\_      # In-Sink Grinders: \_\_\_\_\_

Is dwelling located within the incorporated limits of a city?    Yes    No      # Hot Tubs: \_\_\_\_\_

Is Public Sewer Service available?    Yes    No      Capacity of Hot Tubs (gal): \_\_\_\_\_

## ON-SITE SEWAGE FACILITY DESIGNER/INSTALLER CONTACT INFORMATION

**SYSTEM DESIGNER**      Name: \_\_\_\_\_      Phone #: (    ) \_\_\_\_\_

**SYSTEM INSTALLER**      Name: \_\_\_\_\_      Phone #: (    ) \_\_\_\_\_

**SPECIFICATIONS ARE VALID FOR 1 YEAR FROM DATE OF APPLICATION**

**NO REFUNDS AFTER 5 DAY GRACE PERIOD AND NO REFUNDS AFTER PERMIT HAS BEEN ISSUED**

ANRA is not responsible for improperly marked US Army Corps of Engineers lines, high water lines, property lines, or hidden water wells.

*Authorization is hereby given to enter the above described property during daylight hours for the purpose of making a site evaluation, inspecting installed systems, conducting performance inspections as required by the State of Texas, or for any reason consistent with the water quality programs of the Angelina & Neches River Authority.*

Owner Signature: \_\_\_\_\_      Date: \_\_\_\_\_

## MAP AND/OR DIRECTIONS TO PROPERTY

Please provide written directions and/or a map to the property, providing sufficient details for an Inspector to locate the property for a site visit. If providing a map, please label major roads or landmarks. It is acceptable to attach directions and/or maps from internet sources (Google Maps, Mapquest, etc.).



ANGELINA & NECHES RIVER AUTHORITY

LICENSING AN AEROBIC ON-SITE SEWAGE FACILITY WITH ANRA

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF \_\_\_\_\_ \*
STATE OF TEXAS \_\_\_\_\_ \*

CERTIFICATION OF OSSF REQUIRING MAINTENANCE AND FOR AN OSSF LOCATED ON TWO OR MORE TRACTS OF LAND

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

I

The Texas Health and Safety Code, Chapter 336 authorizes the Texas Commission on Environmental Quality to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the 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 OSSFs 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 OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ 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 (insert legal description): Document Number \_\_\_\_\_ And/Or Volume Number \_\_\_\_\_, Page Number \_\_\_\_\_. Acre Amount \_\_\_\_\_ Or Subdivision Name \_\_\_\_\_, Block Number \_\_\_\_\_ and Lot Number \_\_\_\_\_.

III

Restrictive Water Use Required - Not Required (Circle One)
This OSSF requires limitations of water use of \_\_\_\_\_ gallons per day.
The reduced gallons per day will calculate to \_\_\_\_\_ spray area to be covered.
The amount of water use per day is not to exceed such requirements.

The property is owned by \_\_\_\_\_

If residential, this OSSF shall be covered by a continuous service policy for the first two years. After the initial two year service policy, the owner of an aerobic treatment system shall either obtain a maintenance contract within 30 days or maintain the system personally. If commercial, this OSSF shall be covered by a continuous service policy for the life of the system, and be tested yearly for TSS, BOD and Fecal Coliform. Upon sale or transfer of the above described property, the license for the OSSF shall be transferred to the new owner. A copy of the planning materials for the OSSF can be obtained from the ANRA. This document must be recorded with each tract's property deed affected by the OSSF. If this OSSF is located on two or more separate legal tracts of land, the tracts cannot be sold separately.

WITNESS BY HAND(S) ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_ (Property Owner(s) signature(s))

SWORN TO BY \_\_\_\_\_ AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_. (Property Owner)

Notary Public, State of Texas

My Commission Expires



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