



ANGELINA & NECHES RIVER AUTHORITY

2901 N John Redditt Drive
Lufkin, TX 75904
Phone: (936) 632-7795
Email: ossf@anra.org

ANRA USE ONLY

Application Number

Date Received

Amount

Check #

Receipt #

Comments

FORM ID#: ANRA-OSSF
Revision Date: 12/15/2021
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

Single Family Residential Non Single Family Residential: Light Heavy

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 _____, _____. (Property Owner(s) signature(s))

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

Notary Public, State of Texas

My Commission Expires



LICENSING AN AEROBIC ON-SITE SEWAGE FACILITY WITH ANRA

AFFIDAVIT TO THE PUBLIC

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STATE OF TEXAS _____ *

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