



# TRANSFERRING AN ON-SITE SEWAGE FACILITY LICENSE

## ***INTRODUCTION AND INSTRUCTIONS***

### **INTRODUCTION**

On-Site Sewage Facilities (OSSF) are wastewater systems designed to treat and dispose of effluent on the same property that produces the wastewater. They are typically used in rural locations where public sewers are not available. Most on-site wastewater treatment systems are of the conventional type, consisting of a septic tank and a subsurface wastewater infiltration system (drain field); however, some soil types such as clay are inadequate for the proper absorption and treatment of wastewater. There are also other factors such as small lot size that can preclude installing a conventional system. For situations where a conventional system is unsuitable, there are aerobic systems. While a conventional system relies on soil absorption and natural processes in the environment to treat wastewater, an aerobic system treats the wastewater *before* it is released into the environment. An aerobic system is usually attached to a sprinkler system to dispose of the treated wastewater.

### **STANDARD LICENSE TRANSFER PROCEDURES**

***Unlicensed systems cannot be transferred.***

- Submit a license transfer application to ANRA. The application must be completely filled out, and must include a home or business phone number that we can use to contact you.
- Submit a license transfer fee of \$30 with the transfer application.

### **ADDITIONAL STEPS FOR AEROBIC LICENSE TRANSFERS**

*If the license being transferred is for an aerobic system you will also need to complete the following steps:*

- After submitting the license transfer application and license transfer fee to ANRA, it is recommended (but not required) that the manufacture/dealer of the aerobic system be contacted for an inspection of all components of the system and service policy update.
- After the satisfactory completion of the aerobic system inspection, copies should be provided to ANRA.
- For the first two years of operation, the aerobic OSSF should be covered under a maintenance/service policy. At any time after the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days of the transfer or maintain the system personally.
- The Owner/Operator license may be revoked if the system is not being operated or maintained according to state standards. Operating an aerobic waste treatment system without a valid license is illegal and appropriate legal action will be taken to enforce compliance. The responsibility to meet all requirements for licensing lies solely with the owner/operator of the system.

When these steps have been completed, ANRA will issue a license to the new owner and it will be kept on file at ANRA.

If you need further assistance, please contact the ANRA On-Site Sewage Facility Program office at (936) 632-7795.



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 Paid \_\_\_\_\_

Check # / Receipt # \_\_\_\_\_

Date of Previous License \_\_\_\_\_

Date Transferred \_\_\_\_\_

Maintenance Provider \_\_\_\_\_

Transfer Authorized by \_\_\_\_\_

Date of Data Entry \_\_\_\_\_

Data Entry Completed by \_\_\_\_\_

FORM ID#: ANRA-OSSF\_TR  
Revision Date: 10/26/2021  
Approved by: KTH

**LICENSE TRANSFER APPLICATION FOR AN  
ON-SITE SEWAGE FACILITY (OSSF)**

**NEW PROPERTY OWNER INFORMATION**

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

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

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

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

**PREVIOUS PROPERTY OWNER & TRANSFER INFORMATION**

Previous Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Realtor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on current license \_\_\_\_\_ License # \_\_\_\_\_

**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: \_\_\_\_\_