



POST OFFICE BOX 220, ENNIS, TEXAS 75119

(972) 875-1234

City of Ennis

Application for On-Site Sewage Facility
New Construction and Modification

City Use Only

Application

Date

Amount

1. Property Owner's Name: _____
(Last) (First) (Middle)

2. Permanent Mailing Address: _____

3. Telephone No. During Day: (_____) _____

4. Site Address: _____

5. Legal Description : Sec. _____ Block _____ Lot _____ Date _____

Subdivision: _____

Other Than Subdivision: Acreage _____ Survey _____

6. Source Of Water: Private Well _____ Public Water Supply _____
(Name of Supplier)

7. Single Family Residence: No. Of Bedrooms _____ Living area sq.ft. _____
Total Area sq. ft. _____

8. Commercial/Institutional (including multi-family residences) Type: _____

No. Of Employees/Occupants/Units: _____ Days Occupied Per Week: _____

9. Site Evaluator: _____ Certification No.: _____

10. Designer: _____ License No. (PE or RS): _____

Phone No.: _____

11. Installer: _____ Registration No.: _____

Phone No.: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of Ennis to enter upon the above described property for the purposes of lot evaluation and inspection of the on-site sewage facility and that a permit 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 City's and TCEQ On-Site Sewage Facility Rules. TAC 30 Chapter 285.

12. _____
(Signature of Owner)

(Date)

CITY OF ENNIS INSPECTION DEPARTMENT
ON-SITE WASTEWATER SYSTEMS CHECKLIST

OWNER'S NAME _____

The following information must be included with the design package for review by the City of Ennis. Failure to include or address all of the following items may result in approval delays.

___ 1. **SITE EVALUATION:** At least two soil borings/backhoe pits shall be taken in opposite ends of the area to be used for the soil absorption system, and shall be excavated to a depth of 2 feet BELOW the proposed trench, or to a restrictive horizon whichever is less. A copy of the test results and the drawing must be enclosed. The following information shall be included:

- ___ A. Soil texture analysis. List the texture type.
- ___ B. Soil structure analysis. List structure type.
- ___ C. Depth of test. (soils without at least 24" of suitable soil beneath the proposed drainfield shall be considered unsuitable)
- ___ D. Restrictive horizon evaluation
- ___ E. Groundwater evaluation
- ___ F. Topography
- ___ G. Flood hazard
- ___ H. Vegetation
- ___ I. Easements and bodies of water (lakes, watercourses, etc.) must be identified.
- ___ J. Location of all buildings (existing or proposed)
- ___ K. All separation distances identified in Table X must be shown.
- ___ L. All water wells on this site and neighboring properties.

___ 2. **PLANNING MATERIALS:** Two copies of the construction drawing must be enclosed and shall include the following information:

- ___ A. A detailed, legible site plan with boundary description (Aerobic systems require scale drawings, legal description of the lot, an Affidavit to the Public, and Maintenance Agreement to be attached)
- ___ B. The location of all buildings (existing or proposed) on the site plan.
- ___ C. The size and location of the wastewater treatment units and disposal area (include width & depth). A cross section of the excavation must be included.
- ___ D. All water wells on this site and neighboring properties must be identified and located on the site plan.
- ___ E. Easements and bodies of water (lakes, watercourses, etc.) must also be identified.
- ___ F. All separation distances identified in Table X must be shown.

CITY OF ENNIS INSPECTION DEPARTMENT

CITY OF ENNIS
P.O. BOX 220
ENNIS, TEXAS 75120

HOW TO OBTAIN A CITY OF ENNIS PERMIT FOR AN ON-SITE SEWAGE FACILITY

REMOVE AND RETAIN THIS PAGE PRIOR TO RETURNING THE APPLICATION TO THE ABOVE ADDRESS

SINGLE FAMILY RESIDENTIAL FEE: ALL OTHER SYSTEMS:
Commercial, including multi-family dwellings.

- _____ Obtain an application from City of Ennis Inspection Department.
- _____ Have appropriate individual (Registered Sanitarian or Professional Engineer) perform mandatory soil identification procedure.
- _____ Have appropriate individual prepare planning materials. Professional design(R.S., P.E.) Is required for proprietary and non-standard systems.
- _____ Submit completed application and technical information sheet (in property owner's name) with all pages intact. Include the appropriate fee and a copy of the following: 1) planning materials; 2) site and soil evaluation.
- _____ Plans and application will be reviewed by the Inspection Department staff. Non-standard system plans may be reviewed by **TCEQ** staff in Austin.
- _____ Upon approval an Authorization to Construct will be issued. The Authorization to Construct is valid for one year from the date of issuance.
- _____ Begin construction. An inspection of the installation is required before covering of the system. Contact our office at least 1 working day in advance to arrange an inspection.
- _____ After a successful inspection, a Notice of Approval will be issued to the owner within approximately 5 working days.
- _____ NOTE: A re-inspection fee equal to 1/2 the permit amount must be paid by the installer for each time the system must be re-inspected. All fees must be paid before a Notice of Approval will be issued.

ALL FEES SHALL BE PAID BY PERSONAL CHECK, CASHIER'S CHECK, OR MONEY ORDER. NO CASH WILL BE ACCEPTED.

OSSF Soil Evaluation

Date Performed: _____

Property Location: _____ Proposed Excavation Depth: _____

Name of Site Evaluator: _____ Registration Number: _____

Requirements:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.

Locations of soil boring or dug pits must be shown on the site drawing.

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

Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

Soil Boring Number _____					
Depth (Feet)	Textural Class	Structure (if applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 1 2 3 4 5					

Soil Boring Number _____					
Depth (Feet)	Textural Class	Structure (if applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 1 2 3 4 5					

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

Signature of Site Evaluator

Date

Date: _____

Number: _____

Applicant Information:

Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Phone: _____ Fax: _____

Site Evaluator Information:

Name: _____
Company: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Phone: _____ Fax: _____

Property Location:

Lot _____ Block _____ Subdivision _____
Street/Road Address _____
County _____ Unincorporated Area? Y or N _____
City _____ Zip Code _____
Additional Information _____

Installer Information:

Name: _____
Company: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Phone: _____ Fax: _____

Schematic of Lot or Tract

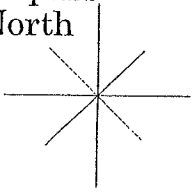
Show:

- 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 absorptoon 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, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size: _____ acres

Site Drawing
Scale: 1 inch = 50 feet

Compass
North



Features of Site Area

- | | | |
|---|-----------|----------|
| Presence of 100 year flood zone | Yes _____ | No _____ |
| Presence of upper water shed | Yes _____ | No _____ |
| Presence of adjacent ponds, streams, water impoundments | Yes _____ | No _____ |
| Existing or proposed water well in nearby area | Yes _____ | No _____ |
| Organized sewage service available to lot or tract | Yes _____ | No _____ |

Site Evaluator:

Name: _____ Signature: _____ License No> _____

CITY OF ENNIS
INSPECTION DEPARTMENT
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

APPLICATION # _____

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL. UNAUTHORIZED
CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

OWNER'S NAME: _____ COUNTY: _____

Professional design required?: Yes No

If yes, professional design attached: Yes No

I. SEWER (House drain):

Type and size of pipe: _____ Slope of sewer pipe to tank: _____

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

Water saving devices: Yes No

If Yes, list type used: _____

III. Treatment Unit:

A. Septic Tank:

- Tank Dimensions: _____
- Liquid Depth (Bottom of tank to outlet): _____
- 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 - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE
COMPLETED.

A. Site Evaluation

B. Planning Materials

The attached checklist details those items that must be addressed under each of these categories.

DESIGNER'S SIGNATURE REGISTRATION NO. DATE

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF _____
STATE OF TEXAS

§
§

Before me, the under signed authority, on this day personally appeared _____
_____ who, after being by me 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 _____
County, Texas, and being more particularly described as follows:

The undersigned further states that an aerobic on-site wastewater treatment system with surface
application is being/has been installed in accordance with the permitting provisions of _____
_____. The undersigned has entered into a
maintenance agreement, as required by the permitting entity, with an approved maintenance
company for service and repairs to the surface application system. (Minimum Two Year Period)
Further, the undersigned states that he/she 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
or transferee. Any buyer or transferee is hereby notified that a maintenance contract with an
approved maintenance company will be required for use of the system. For more information
concerning the rules or regulations on surface application on-site wastewater treatment systems,
please contact the Division of Field Operations, Texas Commission of Environmental Quality,
P.O. Box 13087, Austin, Texas 78711-3087.

WITNESS MY/OUR HAND(S) on this _____ day of _____, _____.

Signature of Homeowner (s)

Printed Name of Homeowner (s)

SWORN TO AND SUBSCRIBED BEFORE ME on this _____ day of _____,
_____.

(SEAL)

Notary Public, State of Texas

Notary's Printed Name

Commission Expires