

**CITY OF HEATH**

200 Laurence Drive

Heath, TX 75032

Main City Number: 972-771-6228

Fax: 469-273-4015

Inspection: 972-961-4892

**SUBMITTAL CHECKLIST FOR ON-SITE SEWAGE FACILITIES**

Owner's Name:	Phone:
Property Address:	
Designer's Name:	Phone:

Please provide the information listed below (references to applicable sections of the Texas Administrative Code are provided in parentheses). Using this checklist and having a complete package will ensure that the review process runs smoothly. Only complete submissions will be reviewed. **Please complete this checklist and turn it in with your application package.**

- ☐ 1. A complete application for an On-Site Sewage Facility Application signed by the property owner the initial application fee. (30 TAC §285.3 (b)(1)(A, D)) \$500.00 fee for a new system or to replace existing system. \$200.00 fee to modify existing system (example: move sprinkler heads).
- ☐ 2. Proof of property ownership must be submitted with the application in the form of a warranty deed or tax record. (30 TAC §285.5(a))
- ☐ 3. A legible floor plan of the residence/establishment showing all rooms, including closets, with dimensions and the total heated/air-conditioned square footage. (30 TAC §285.5(a))
- ☐ 4. A copy of the recorded plat with all associated plat notes or an official, stamped survey. (30 TAC §285.5)
- ☐ 5. If a Maintenance Contract is required under Ch. 285, please include a copy of the maintenance contract and a copy of the executed "Affidavit" (in packet) after it has been filed with the county. (30 TAC §285.3(b)(3))
- ☐ 6. Two complete sets of plans for the OSSF system and spray irrigation design (if applicable). If the system is professionally designed then the designer must sign, seal and date each page of the design calculations and the design drawings. (30 TAC §285.5(a))
- ☐ 7. The valid site evaluation report for the property containing information required on the City of Heath Site Evaluation form. Two profile holes are required at two ends (in locations representative of the whole drainfield) of the proposed drainfield area; additional profile holes are needed for each different drainfield area. (30 TAC §285.3(b)(1)(C) and 30 TAC §285.30(b)(1))
- ☐ 8. Floodplain information must be provided with the submittal that clearly indicates whether any portion of the site lies within the 100-year floodplain. If the site lies within the floodplain then the floodplain contour should be shown on the plans. (To ensure compliance with 30 TAC §285.30(b)(3)(B) and 30 TAC §285.31(c)(2))
- ☐ 9. Site Drawing shall be included with all features and separation distances clearly identified (i.e. trees, ponds, lakes, easements, flood zone, boring location, etc.). (30 TAC §285.30(b))
- ☐ 10. Tech Information Sheet
- ☐ 11. Pump Alarm Diagram



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**APPLICATION FOR OSSF PERMIT**

Permit # \_\_\_\_\_ - \_\_\_\_\_  
Amount Paid \$ \_\_\_\_\_  
Check # \_\_\_\_\_  
Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_  
Receipt # \_\_\_\_\_

Job Address:			
Legal Desc. Subdivision:		Lot:	Block:
Other Than Subdivision	Acreage:	Survey:	
Public Water Supply: (Supplier Name)			

Owner:		Telephone #:	
Address: (Street)		(City)	(State) (Zip)

OSSF Contractor:		Heath Registration #
Contact Name:	Telephone #:	
Type of System:	Brand:	
Work to be done:		

Sq. ft. living:	No. of bedrooms:
Commercial/Institutional (including Multifamily) Type:	
Water Saving Devices:	Yes ( ) No ( )

Site Evaluator:	
License #:	Telephone #:

Designer:	
License #:	Telephone #:

**Fee of \$500.00 per application (Due at application)**

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of Heath to enter upon the described property for the purpose 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 the TCEQ On-Site Sewage Facility Rules, TAC 30, Chapter 285.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_  
(Agent or Owner)



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### OSSF TECHNICAL INFORMATION SHEET

**Do not begin construction PRIOR to application approval. Unauthorized construction can result in Civil and or Administrative Penalties.**

Owner Name:	Telephone #:
Project Address:	
Professional Design Required? Yes ( ) No ( )	If YES, professional design attached? Yes ( ) No ( )

**Sewer (House Drain):**

Type and Size of pipe:	Slope of sewer pipe to tank:
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**Daily Wastewater Usage Rate:**

Q=	(Gallons Per Day)
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**Treatment Unit:**

Septic Tank	
Tank Dimensions:	Liquid Depth (tank bottom to outlet):
Size Required:	Size Proposed:

Aerobic	
Manufacturer:	Loading Rate:
Size Required:	Size Proposed:
Pretreatment Tank: YES ( ) NO ( )	

**Other:**

(Please Attach Description)
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**Disposal System:**

Type:	Loading Rate:
Area Required:	Area Proposed:

Designer's Signature \_\_\_\_\_ Registration # \_\_\_\_\_ Date \_\_\_\_\_



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**SITE EVALUATION FOR AN ON-SITE SEWAGE FACILITY**

<b>Site Address:</b>			<b>Owner Name:</b>	
<b>Lot:</b>	<b>Block:</b>	<b>Lot Size:</b>	<b>Subdivision:</b>	
<b>Site Evaluator Information</b>				
<b>Name:</b>			<b>Email:</b>	
<b>Address:</b>			<b>City, State, &amp; Zip Code:</b>	
<b>Phone Number:</b>			<b>Fax Number:</b>	

**SITE EVALUATION:** A minimum of two soil borings (profile holes) must be excavated at the opposite ends of the proposed disposal area. The profile holes must be excavated to a depth of two feet below the proposed excavation, or to a restrictive horizon, whichever is less. The profile hole locations must be indicated on the attached sketch or the site plan drawing if it is submitted.

**TOPOGRAPHY of the proposed drainfield area:** Slope: Flat (< 2%)\_\_ Slight (2% to 15%)\_\_ Severe (> 15%)\_\_

**FLOOD HAZARD:** Property is located within 100-year floodplain YES ( ) NO ( ). If yes, show the 100-year floodplain boundary with its elevation above the mean sea level on the sketch or site plan drawing.

**WATER SOURCE:** Public water supply, or the private water line, must be shown on the sketch or the site plan drawing.

Profile Hole No.					
Depth (Feet)	Soil Class	Soil Texture	Restrictive Horizon	Drained Water Table	Comments
0					
1					
2					
3					
4					
5					
6					
7					



**SITE EVALUATION FOR AN ON-SITE SEWAGE FACILITY (CONTINUED)**

Profile Hole No. _____					
Depth (Feet)	Soil Class	Soil Texture	Restrictive Horizon	Drained Water Table	Comments
0					
1					
2					
3					
4					
5					
6					
7					

**Sketch of the Site (if no Site Plan Drawing is submitted)**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ License No.: \_\_\_\_\_  
 (Site Evaluator)

# Affidavit

THE COUNTY OF ROCKWALL  
STATE OF TEXAS

## CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

### I

The Texas Health and Safety Code, Chapter 366 Authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), 5.012 and 5.013, give 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 owners 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 representative 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:

Addition: \_\_\_\_\_ Lot#: \_\_\_\_\_, Block # \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

This OSSF shall be covered by a continuous service agreement for the first two years. After the initial two-year service agreement, the owner of an aerobic treatment system for a single family residence shall obtain a maintenance contract within 30 days.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF may be obtained from the City of Heath.

WITNESS BY HAND(S) ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
/\_\_\_\_\_  
(Owner(s) Signature(s))

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

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

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