



MEMORANDUM

DATE: SEPTEMBER 9, 2025
TO: CONTRACTORS, BUILDERS, SUBCONTRACTORS
FROM: BUILDING INSPECTION DEPARTMENT,
SUBJECT: WATER METER PROTECTIVE BARRICADE POLICY

Beginning September 9, 2025, this Policy will be in effect.

All water meters must be protected from damage on all construction sites. No construction materials shall be placed upon the meter/meter can, no traffic shall drive over the meter/meter can, there shall be no dirt/trash in the meter can, and the following requirements shall be met.

- The protective barricade shall be a three-foot square, with a minimum height of twenty-four inches.
- The protective barricade must be constructed of two by four lumber, at a minimum, and be anchored to the ground, forming a three-foot-by-three-foot area of protection for the water meter.
- The protective barricade shall allow access for the meter to be read.
- The protective barricade must be installed within twenty-four hours of the meter installation.
- The protective barricade shall remain in place for the duration of construction on the site.
- Nothing shall be set upon or obstruct the water meter from being accessible for reading at any time during the duration of construction.

Please observe this policy as there will be no warnings for violations. Any violation will result in a citation being issued to the individual responsible for the construction site.

The consequences of violations will be as follows:

Construction inspection: \$200.00.

Repair of any damage to water line (Town of Fairview side of meter) including material and labor

Cost of replacement / reset meter labor if required

Cost of Meter Box /reset box labor if required



RESIDENTIAL SEPTIC PACKET

Town of Fairview

372 Town Place

Fairview Texas 75069

Phone: 972.886.4209

Fax: 972.548.0268

Inspection Line: 972.886.4250

inspections@fairviewtexas.org

permits@fairviewtexas.org

Septic instructions

ON-SITE SEWAGE FACILITY PERMIT REQUIREMENTS

Plan Submittal:

1. Application
2. Site plan showing location of all buildings (existing or proposed), easements, wells, bodies of water, and proposed treatment and disposal system.
3. Site/Soil evaluation prepared by a professional engineer or licensed site evaluator.
4. Copies of technical data and design materials
5. A signed and notarized copy of Certificate of OSSF Requiring Maintenance bearing the "file" stamp of the Collin County Clerk.
6. **A signed copy of a Maintenance Agreement with a licensed installer.**

Design materials must be prepared by a professional engineer or registered sanitarian.

*****APPLICATION NEEDS TO STAMPED "PAID" AND PERMIT NUMBER WRITTEN ON APPLICATION BEFORE FILES ARE SENT TO PUBLIC WORKS. *****

After all materials are reviewed and approved by public works, an Authorization to Construct will be issued, and the applicant will be notified, then the permit can be issued.

FEES:	PLAN REVIEW	PERMIT
Single Family Residence	\$75.00	\$335.00
Commercial	\$100.00	\$475.00
Alteration or Repair	\$75.00	\$150.00

A \$50.00 FEE IS CHARGED FOR A REINSPECTION DUE TO RED TAG VIOLATIONS.

INSPECTIONS

1. Cover-up: tanks, bedding, and sub-surface disposal inspected before excavations are closed.
2. Final: entire system inspected for proper operation and compliance with applicable standards
3. After the system passes Final Inspection, a Notice of Approval will be issued to the property owner.



Contractor Registration Application
(Select Only One Type Per Application)

Contractor Type:

☐ General Contractor

If renewal check here: ☐

☐ Swimming Pool

Cost for these contractors:

☐ Fence

\$50.00 New

☐ Irrigation

\$25.00 Renewal

☐ Sign

Contractor Type:

☐ Plumbing

☐ Fire Alarm

There is no charge for these contractor types

☐ Fire Sprinkler (Suppression)

Expiration based on License/Certificate expiration date

☐ Mechanical

If renewal check here: ☐

☐ Backflow/Septic

☐ Electrical

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____ **@** _____

Master/CEO Responsible for Supervision: _____

License/Certificate # _____ **Expiration Date:** _____

Driver's License # _____ **Expiration Date:** _____

I understand and agree that the above named shall be responsible for continuous supervision of all installation of all installations and repairs performed in the Town of Fairview under the above-named contractor and should such Master Licensee no longer be employed, no further work shall be performed until registration has been provided to the Building Inspections Department naming a new Master License holder. I will request all necessary inspections by the Town of Fairview to ensure compliance with all city regulations applicable for the proposed work.

Contractor's Signature: _____ **Date:** _____

*******Include a copy of your driver's license, master's license and/or certificate AND liability COI with the Town of Fairview identified as the Insured for processing**

******* Email information to: permits@fairviewtexas.org**

Information not received thru permits@fairviewtexas.org will not be processed.



Town of Fairview, 372 Town Place, Fairview, TX 75069
Phone: 972-562-0522 Fax: 972-548-0668

APPLICATION FOR ON-SITE SEWAGE FACILITY

PERMIT # _____

_____ NEW INSTALLATION

_____ MODIFICATION

Property Owner's Name: _____

Last, first, middle initial

Permanent mailing address: _____

Daytime phone number: _____

Site address: _____

Legal description: Sec. _____ Block _____ Lot _____ Date _____

Subdivision: _____

Other than subdivision: Acreage _____ Survey _____

Source of Water: _____ Private well _____ Public water supply

Single family residence: # of bedrooms _____ Living area: _____ (sq. ft)

Commercial/institutional (including multi-family residences) Type: _____

of employees / occupants / units _____ Days occupied per week _____

Site Evaluator _____ License # _____

Designer _____ License # _____

Phone# _____

Installer _____ License # _____

Phone # _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Town of Fairview Designated Representative to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility. I understand that a permit to operate the facility will be granted following successful inspection of the system, which indicates that the system was installed in compliance with the State's On-Site Sewage Facility Rules, TAC 30. Chapter 285.

Signature of Owner _____

Date _____

Pickup Signature: _____

Date: _____



COUNTY OF COLLIN

STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to the Texas Commission Environmental Quality (TCEQ) Rules for On-Site Sewage Facilities, **this document is filed in the Deed Records of COLLIN 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), Section 5.012 and Section 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 power 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 Section 285.91(12) will be installed on the property described as:

Lot _____ Block _____ Addition _____

Physical Address _____

The property is owned by (OWNER'S FULL NAME): _____

This OSSF must be covered by a continuous maintenances contract. All maintenance on the OSSF must be performed by an approved maintenance company, and a signed maintenance contract must be submitted to the Town of Fairview, in Collin County within 30 days after the property has been transferred.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Town of Fairview, Texas in Collin County.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____

(OWNER'S SIGNATURE(S))

(OWNER'S PRINTED NAMES)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS DAY _____ OF _____

Notary Public, State of Texas



TOWN OF FAIRVIEW BACKFLOW TEST AND MAINTENANCE REPORT

TOWN OF FAIRVIEW PERMITS AND
INSPECTIONS

372 TOWN PLACE
FAIRVIEW, TEXAS
75069

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping
*purposes:

NAME OF PWS:	TOWN OF FAIRVIEW
PWS ID#:	# 0430034
PWS MAILING ADDRESS:	372 TOWN PLACE FAIRVIEW TX 75069
PWS CONTACT PERSON:	DYLAN TAWWATER
ADDRESS OF SERVICE:	
SERVICE METER#	

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY: ☐ Reduced Pressure Principle [RPBA] ☐ Reduced Pressure Principle-Detector [RPBA-D]
☐ Double Check Valve [DCVA] ☐ Double Check-Detector [DCVA-D]
☐ Pressure Vacuum Breaker [PVB] ☐ Spill-Resistant Pressure Vacuum Breaker [PVB-D]

BPA Serves: ☐ DOMESTIC ☐ FIRELINE ☐ IRRIGATION ☐ NEW DEVICE
☐ EXISTING DEVICE ☐ REPLACEMENT OF _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? ☐ Yes ☐ No
Is the assembly installed on a non-potable water supply (auxiliary)? ☐ Yes ☐ No

Manufacturer:		Size:			
Model Number:		Located At:			
Serial Number:		Serves:			
TEST RESULT PASS ☐ FAIL ☐	Reduced Pressure Principle Assembly		PVB & SVB		
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check			
Initial Test: Date: Time:	Held at ____ psid Closed Tight ☐ Leaked ☐	Held at ____ psid Closed Tight ☐ Leaked ☐	Opened at ____ psid Did not open ☐	Opened at ____ psid Did not open ☐ Did it fully open (Yes ☐ / No ☐	Held at ____ psid Leaked ☐
Repairs and Materials Used**					
Test After Repair: Date: Time:	Held at ____ psid Closed Tight ☐	Held at ____ psid Closed Tight ☐	Opened at ____ psid	Opened at ____ psid	Held at ____ psid

Differential Pressure Gauge Used:	Potable: ☐	Non-Potable: ☐
Make/Model:	SN:	Date tested for accuracy:
Remarks:		

The above is certified to be true at the time of testing.

Firm Name:		Certified Tester Name (Print/Type):	
Firm Address:		Certified Tester Name (Signature):	
Firm Phone #		BPAT License#	License Expiration Date: