372 Town Place | Fairview, TX 75069 | Town Hall (972) 562-0522

TOWN OF FAIRVIEW

ON-SITE SEWAGE FACILITY PERMIT REQUIREMENTS

PLAN SUBMITTAL:

The following documents are required upon plan submittal.

1. Completed **Septic Application Form**
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. Technical data and design materials. ❖
5. A signed and notarized copy of the **Certificate of OSSF Requiring Maintenance Affidavit** along with the attached "Proof of Filing Receipt" from the Collin County Clerk office.
6. A signed copy of a **Maintenance Agreement** with a licensed installer.

❖ **Design Materials must be prepared by a Professional Engineer or Registered Sanitarian.**

❖ **Modification/Repair plan submittals do not require a Certificate of OSSF Requiring Maintenance Affidavit or a Maintenance Agreement**

After all materials are reviewed and approved by the Designated Representative, 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
Modification or Repair	$75.00	$150.00

A $50.00 FEE IS CHARGED FOR 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.

After the system passes FINAL INSPECTION, a **Notice of Approval** will be issued to the property owner and installer.

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APPLICATION FOR ON-SITE SEWAGE FACILITY

PERMIT #_____

☐ **NEW INSTALLATION** ☐ **MODIFICATION**

Property Owner's Name: _____

Current Mailing Address: _____

Daytime Phone Number: _____

Site Address: _____

Legal Description: _____ **Block** _____ **Lot** _____

Subdivision: _____

Property ID: _____ **Acreage** _____ **Survey** _____

Source of Water ☐ **Private Well** ☐ **Public Water**

☐ **Single Family Residence** **# of bedrooms** _____ **Living Area (ft^2)** _____

☐ **Commercial** ☐ **Institutional** ☐ **Multi-Family**

Name of Business or Institution: _____

# of employees/occupants/units: _____ **Days occupied per week:** _____

Site Evaluator: _____ **License #** _____

Designer: _____ **License #** _____

Phone # _____

Installer: _____ **License #** _____

Phone # _____ **Email:** _____

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**

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COUNTY OF COLLIN §
STATE OF TEXAS §

AFFIDAVIT

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to the Texas Commission on Environmental Quality Rules for On-Site Sewage (OSSFs) 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), §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 power 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 recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit 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:

Lot_____ Block_____ Addition_____

Physical Address_____

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

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 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 **Town of Fairview**.

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 _____

STAMP HERE

_____
Notary Public, State of Texas