

Charles McDonald
Designated Representative

Coleman , Concho , Edwards , Menard , Schleicher & Sutton Counties, City of Brady & Eden
4826 Red Oak Ln.
San Angelo, TX. 76904
325-456-4607 Bus. & Cell
325-227-6333 Fax#
Lic. # OS0007644

Coleman County OSSF Permit

The permit fee for a single-family residence is \$375.00. All other types of facilities is also \$375.00. The TEN Acre rule is in effect in Coleman County. Make the check payable to Coleman County. Send the application and check to the above address.

NOTE: There are 4 pages to the application. All four pages **MUST** be filled out. **DO NOT** send an application that has the words "**SEE ATTACHED OR SEE DESIGN**" written in any blank space on the application. It will be sent back, and the ATC will not be issued. Legal descriptions are a must. You may go to the county appraisal district office and ask for a copy of your client's **CAD CARD**. The information you need is in this document. Last item, a respectable drawing needs to be with the application as well.

RS & PE

Most of you have your own forms for your site evaluation, you may substitute your form for the ones in the permit. However, page#2 (technical information) needs to be filled out no matter how many times this information shows up in your design information. Once again, please do not place the words "**SEE ATTACHED or SEE DESIGN**" in any of the blanks on page 1 & 2 of the permit.

If you have any questions, please call 325-456-4607

Charles McDonald

DR Coleman County

COLEMAN COUNTY

APPLICATION REQUIREMENTS FOR ON-SITE SEWAGE FACILITY PERMITS

SINGLE FAMILY DWELLING, FEE: \$375.00

ALL OTHER TYPE FACILITIES, FEE: \$375.00

Commercial, multi-unit residential developments

- **Obtain an OSSF application from the Coleman County Courthouse**
- **A licensed Soil/Site Evaluator or State licensed engineer must conduct a complete site evaluation.**
A detailed report, documenting the results of the soil and site conditions in accordance with 30 TAC §285.30, & 30 TAC 285.31, must be submitted for all systems installed.
- **Have planning materials prepared by the required individual.** Standard systems may be prepared by the owner or the OSSF installer. Non-standard and proprietary systems must be prepared by a licensed professional engineer or a licensed professional registered sanitarian (RS), 30 TAC 285.5
- **Submit completed application and technical information sheets.** Remit the appropriate application fee and two copies of each of the following: complete site evaluation results; all planning materials and the directions to the site: a legally recorded affidavit, (if required) and a signed maintenance contract, (if required), 30 TAC 285.3(a)(1).
- **The application and planning materials will be reviewed by Coleman County DR.** Non-standard planning materials may be reviewed by TCEQ Regional Staff or the TCEQ Central Office staff in Austin OSSF Support Program.
- **Upon approval, a written Authorization to Construct (ATC) will be issued in the name of the property Owner by mail.** The ATC is valid for one year from the date of issuance 30 TAC 285.3(d)(1).
- **The installer must notify the DR of Coleman County for the final inspection within at least five working days before the requested date of the final construction inspection.** All excavations must be left open until tile inspection has been completed. 30 TAC 285.3(d)(2) & §285.6 1(11)
- **If the installation is approved, a written Notice of Approval (NOA) will be issued to the owner within seven days. 30 TAC 285.3(e)(1).**
- **The OSSF Installer or the installer's registered apprentice on record must be present on site during all OSSF site inspections 30 TAC 285.50(f), 285.61(9), (10)**

NOTE: In the event of a re-inspection: the re-inspection fee equal to half the original permit fee shall be paid by the installer each time the system requires a re-inspection. All fees must be paid before the final Notice of Approval as final authorization is issued.

ALL APPLICABLE OSSF APPLICATION FEES AND

SYSTEM RE-INSPECTION FEES MUST BE MADE PAYABLE TO:

"COLEMAN COUNTY ".

ALL FEES MUST BE PAID BY CHECK OR MONEY ORDER,

CASH WILL NOT BE ACCEPTED.

ALL FEES ARE NON-REFUNDABLE

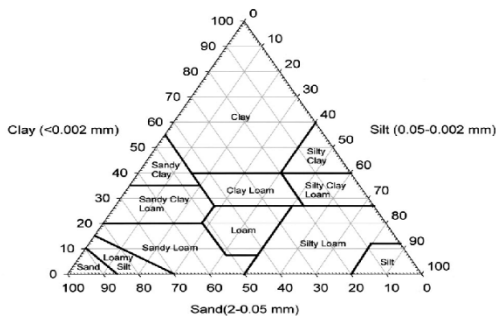
COLEMAN COUNTY LOCAL AUTHORIZED AGENT

OSSF SITE EVALUATION & PLANNING MATERIALS CHECKLIST

OWNER'S NAME _____ DATE: _____

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

- 1. SOIL/SITE EVALUATION:** A minimum of two soil borings or backhoe pits must be excavated at opposite ends of the proposed disposal area. The borings or pits must be excavated to a depth of two feet below the proposed excavation of the disposal area, or to a restrictive horizon, whichever is less. Two copies of the analysis results and the drawing must be submitted. The following information must be included:



- ☐ A. Depth of soil boring or backhoe pit
- ☐ B. Soil texture analysis. List the soil class
- ☐ C. Gravel analysis (if applicable)
- ☐ D. Restrictive horizons analysis
- ☐ E. Groundwater evaluation
- ☐ F. Topography
- ☐ G. Flood hazard
- ☐ H. Vegetation
- ☐ I. Location of water wells (existing or proposed) and on adjacent properties
- ☐ J. Location of any streams, ponds, lakes, rivers, creeks or slopes that impact the site.
- ☐ K. Location of foundations, buildings, surface improvements, Property lines, easements, swimming pools, and other structures Existing or proposed

Clay - Smaller than 0.002 mm in diameter
Silt- 0.05 to 0.002 mm in diameter
Sand - 2.0 to 0.05 mm in diameter
Gravel - Greater than 2-0 mm in diameter
Mm = millimeter

Note 1: Sand shall be free of organic matter and shall be composed silica, quartz, mica, or any other stable mineral.

Note 2: Class Ia soils contain more than 30% gravel; therefore, they are not portrayed on the soil triangle.

Adopted January 20, 1997 Effective February 5, 1997

2. PLANNING MATERIALS: Submit two copies of the proposed treatment and disposal construction design. The following design criteria must be prepared and submitted for review:

- ☐ A. A scale drawing of the on-site sewage facility, showing all structures served **30 TAC 285.5(a)**
- ☐ B. Materials prepared by a professional engineer or professional sanitarian must have an appropriate seal, date, and signature **30 TAC 285.S(a)(2) & (3)**
- ☐ C. Proposed designs must clearly indicate property lines and the location of all water wells **30 TAC 285.91(10)**
- ☐ D. Site plans must show streams, ponds, lakes, rivers, creeks, and slopes **30 TAC 285.91(10)**
- ☐ E. Site plans must show surface improvements, easements, swimming pools, and any other structure existing or proposed **30 TAC 285.91(10)**
- ☐ F. All separation distances identified in **30 TAC 285.91(10)** (Table X) must be shown
- ☐ G. A sectional view of the tanks, including a pump tank detail, and excavations must be submitted.

☐ NEW INSTALLATION

OR

☐ REPAIR/ALTERATION

COLEMAN COUNTY
APPLICATION FOR ON-SITE
SEWAGE FACILITY
100 WEST LIVEOAK STREET
COLEMAN, TEXAS 76834
325-456-4607
325-625-4218

COUNTY USE ONLY

APPLICATION NO.

DATE:

AMOUNT

1. PROPERTY OWNER'S NAME: _____
2. CURRENT MAILING ADDRESS: _____
3. DAYTIME TELEPHONE NO: _____
4. 911 SITE ADDRESS: _____
5. LEGAL DESCRIPTION: Sec. _____ Block _____ Lot _____ Plat Date _____
SUBDIVISION: _____
OTHER THAN SUBDIVISION: Acreage: _____ Survey Name: _____
Abstract Name/No.: _____
6. PHYSICAL LOCATION/DIRECTIONS TO SITE: _____
7. SOURCE OF WATER: ☐ Private Well ☐ Public Water Supply _____
(Name of Supplier)
8. SINGLE FAMILY RESIDENCE: No. of Bedrooms _____ Living Area (ft) _____
9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED PER WEEK: _____
10. SITE EVALUATOR: _____ LICENSE NO. _____
PHONE NO: _____
11. DESIGNER: _____ LICENSE NO: _____
PHONE NO: _____ (PE OR RS)
12. INSTALLER: _____ LICENSE 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 Coleman County Designated Representative to enter upon the above described property location for the purpose of clarification of the soil/site evaluation and all other related OSSF inspection and/or investigation activities.

(Signature of Owner)

(Date)

COLEMAN COUNTY
ON-SITE SEW AGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

APPLICATION # _____

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

OWNER'S NAME: _____ COUNTY: COLEMAN

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

III. TREATMENT UNIT: ☐ Septic Tank ☐ Aerobic Unit

A. TANK DIMENSIONS: _____ LIQUID DEPTH (BOTTOM OF TANK TO OUTLET): _____

SIZE REQUIRED: _____ SIZE PROPOSED: _____

MANUFACTURER: _____ MATERIAL MODEL#: _____

PRETREATMENT TANK: ☐ Yes size: _____ (Gal.) ☐ No ☐ N/A

B. OTHER: _____

(Please attach description)

IV. DISPOSAL SYSTEM: TYPE: _____

• AREA REQUIRED: _____ • AREA PROPOSED: _____

****Provide the calculations for sizing this system or attach additional pages.**

V. ADDITIONAL INFORMATION:

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED,

A. SOIL SITE EVALUATION:

B. PLANNING MATERIALS:

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

DESIGNER'S SIGNATURE

OS _____
LICENSE No.

DATE

COLEMAN COUNTY AUTHORIZED AGENT OSSF PROGRAM
SITE EVALUATION AND PLANNING MATERIALS FOR AN ON-SITE SEWAGE FACILITY

The following information must be submitted with the design package for review by the Coleman County DR
 Failure to include or address all of the following items may result in approval delays.

Application No. _____

Applicant's Site Information		Site Evaluator Information	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Phone No.		Phone No.	
County		License No.	

Additional information:

SITE EVALUATION: A minimum of two soil borings or backhoe pits must be excavated at opposite ends of the proposed disposal area. The borings or pits must be excavated to a depth of two feet below the proposed excavation, or to a restrictive horizon, whichever is less. The boring or pit locations must be indicated on the site diagram. This report shall include a groundwater evaluation, a surface drainage analysis, and all applicable minimum separation requirements in regard to 30 TAC 285.91(10) (Table X).

PLANNING MATERIALS: The proposed treatment and effluent disposal system shall be prepared based on the site evaluation. The submittal requirements must include the following details:

- ☐ A legible scale drawing of the on-site sewage facility, showing all structures served.
- ☐ Any documents prepared by a professional engineer or professional registered sanitarian must be signed, sealed, and dated.
- ☐ Proposed designs must comply with all separation distances identified in 30 TAC 285.91(10) Table X.
- ☐ A sectional view of the tanks, including pump tanks, and excavations must be submitted.

Soil Boring/Backhoe Pit Number <u>#1</u>						
Depth (Feet)	Soil Class 285.30(b)(1)(A)(i-v)	Gravel Analysis 285.30(b)(1)(B)	Restrictive Horizon 285.30(b)(1)(C)(I,ii)	Ground Water 285.30(b)	Topography 285.30(b)(3)(A)	Flood Hazard 285.30(b)(3)(B)
0						
1 ft						
2 ft						
3 ft						
4 ft						
5 ft						
6 ft						
7 ft						

Soil Boring/Backhoe Pit Number <u>#2</u>						
Depth (Feet)	Soil Class 285.30(b)(1)(A)(i-v)	Gravel Analysis 285.30(b)(1)(B)	Restrictive Horizon 285.30(b)(1)(C)(I,ii)	Ground Water 285.30(b)	Topography 285.30(b)(3)(A)	Flood Hazard 285.30(b)(3)(B)
0						
1 ft						
2 ft						
3 ft						
4 ft						
5 ft						
6 ft						
7 ft						

Schematic of Lot or Tract / Site Drawing

Scale: 1 inch= 50 feet/or appropriate

*If necessary, the site diagram may be provided on separate pages



Indicate Northern
Direction

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

Signature _____ License No. OS _____ Date: _____
(Site Evaluator)