

- New Installation
- Tank Replacement
- Drain field-Repair/Replace
- Repair

**MILAM COUNTY HEALTH DEPARTMENT**  
**209 SOUTH HOUSTON ST.**  
**CAMERON, TEXAS 76520**  
**Phone: (254) 697-7039 Fax: (254) 697-4809**  
**APPLICATION FOR ON-SITE SEWAGE FACILITY**  
**NEW CONSTRUCTION AND MODIFICATION**

M.C.H.D. USE ONLY
APPLICATION NO. _____
DATE RECEIVED _____
AMOUNT _____

MCHD (Rev. 4/29/2013)

1. PROPERTY OWNER'S NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

2. PERMANENT MAILING ADDRESS: \_\_\_\_\_

3. DAYTIME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ OTHER PHONE: (\_\_\_\_) \_\_\_\_\_

4. 911 SITE ADDRESS: \_\_\_\_\_

5. LOT/TRACT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ RECORD SET: \_\_\_\_\_ VOL: \_\_\_\_\_ PAGE: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT SIZE/ACREAGE: \_\_\_\_\_

6. 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<sup>2</sup>): \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: \_\_\_\_\_

NO. OF EMPLOYEES / OCCUPANTS / UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_

10. INSTALLER: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ FAX NO.: (\_\_\_\_) \_\_\_\_\_

PROFESSIONAL DESIGN REQUIRED?  Yes  No If yes, professional design attached?  Yes  No

**I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)**

Stub out to treatment tank: \_\_\_\_\_ Treatment tank to disposal system: \_\_\_\_\_

**II. DAILY WASTEWATER USEAGE RATE: Q= \_\_\_\_\_ (gallons/day) WATER SAVING DEVICES:**  Yes  No

**III. TREATMENT UNIT:**  SEPTIC TANK  AEROBIC UNIT

- A.
- SIZE REQUIRED: \_\_\_\_\_ • SIZE PROPOSED: \_\_\_\_\_
  - MANUFACTURER: \_\_\_\_\_ • MATERIAL/MODEL #: \_\_\_\_\_
  - PRETREATMENT TANK:  Yes SIZE: \_\_\_\_\_ (gal)  No  N/A

B.  OTHER: \_\_\_\_\_  
(Please attach description)

**IV. DISPOSAL SYSTEM: TYPE:** Gravel \_\_\_\_\_ 8" Gravel less \_\_\_\_\_ LPD \_\_\_\_\_ ET \_\_\_\_\_  
Leaching Chamber \_\_\_\_\_ Surface Irrigation \_\_\_\_\_ Other \_\_\_\_\_

• AREA REQUIRED: \_\_\_\_\_ • AREA PROPOSED: \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Milam County Health Department to enter upon the above described property for the purpose of lot evaluation and inspection of 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's On Site Sewage Facility Rules, TAC 30, Chapter 285.

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Date)

# MILAM COUNTY HEALTH DEPARTMENT OSSF SOIL EVALUATION FORM

Owner's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

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

Name of Site Evaluator \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number \_\_\_\_\_

Date Performed \_\_\_\_\_ Proposed Excavation Depth \_\_\_\_\_

- At least two soil evaluations must be performed on the site, at opposite ends of the proposed disposal area. Please show The results of each soil evaluation on a separation table. Locations of soil evaluations must be shown on the site drawing.
- For subsurface disposal, soil evaluations must be performed to a depth of at least 2 ft. below the proposed excavation Depth. For surface disposal, the surface horizon must be evaluated.
- Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the Appropriate depths.

**SOIL BORING NUMBER 1**

DEPTH	DEPTH TEXTURAL CLASS & STRUCTURE (IF APPLICABLE)	WATER TABLE	RESTRICTIVE HORIZON	COMMENTS
12"				
18"				
24"				
30"				
36"				
42"				
48"				
54"				
60"				

**SOIL BORING NUMBER 2**

DEPTH	DEPTH TEXTURAL CLASS & STRUCTURE (IF APPLICABLE)	WATER TABLE	RESTRICTIVE HORIZON	COMMENTS
12"				
18"				
24"				
30"				
36"				
42"				
48"				
54"				
60"				

Copy for site owner [    ]                  Copy for site evaluator [    ]                  Copy for Milam County Health Dept. [    ]

I certify that the above statements are true and are based on my own field observations.

\_\_\_\_\_  
 Signature of Site Evaluator                                  License Number                                  Date

**THE COUNTY OF MILAM  
STATE OF TEXAS**

**CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

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

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (Commission) to regulate on-site sewage facilities (OSSFs). Additionally, The Texas Water Code (TWC), § 5.012 and §5.013, gives the Commission 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 Commission, 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 Commission 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 Commission of the suitability of this OSSF, nor does it constitute any guarantee by the Commission 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 (insert legal description):

This property is owned by \_\_\_\_\_  
(Insert owner's full name)

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF form must be performed by an approved maintenance company and a signed maintenance contract must be submitted to Milam County Health Department 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 Milam County Health Department.

WITNESS BY MY HAND ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Owner(s) Signature(s)]

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

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

\_\_\_\_\_  
Notary's Printed Name

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

SYSTEM TYPE:

SYSTEM DIMENSION:

Rock & Pipe	<input type="checkbox"/> Trench	<input type="checkbox"/> Bed	Number of Tanks	
ET			Capacity/#Comp.	
Leaching Chamber			Excavation Width	
Gravelless 8"			Excavation Length	
LPD			Excavation Depth	
Spray Application			Number of Panels	
Drip			Linear Feet	
Other:			Square Footage	
			Flow-GPD	
			Application Rate	

Indicate scale and Indicate North.

Show all distances related to OSSF location (setbacks)

Designer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

License Number: \_\_\_\_\_ Check:  OSSF I  OSSF II  SE  PE  RS