

**COUNTY OF RAINS  
ENVIRONMENTAL ENFORCEMENT**

167 E. Quitman Street, Ste 102  
Emory, Tx 75440  
Phone: 903 473 5091 Fax: 903-473-5080  
jon.wedeking@co.rains.tx.us

**HOW TO OBTAIN A RAINS COUNTY PERMIT FOR AN ON-SITE SEWAGE FACILITY**

**Minimum** lot size: 1/2 acre usable property. Contact Rains County Environmental Office concerning lots that do not meet above criteria.

**Irregular** and/or **undersized lots**, substantial **variances** to the "**Construction Standards**", unconventional design, or innovative systems you must submit **Appropriate** supporting documents.

- Obtain an **Application** and all related documents from Rains County WEB site, under Permits and Regulations, On-Site Sewage Information and Policy.  
[http://www.co.rains.tx.us/default.aspx?Rains\\_County/PermitsandRegulations](http://www.co.rains.tx.us/default.aspx?Rains_County/PermitsandRegulations)
- Have a **Site Evaluation** (site and soil classification) performed by a **Site Evaluator, Registered Sanitarian or Professional Engineer**.
- Submit the **Fee** and one original copy (in property owner's name) of each of the following: **Application, Site Evaluation Results, Technical Information Sheet, Complete Design of System** and **Acknowledgement of OSSF Maintenance and Management Practices** of water conservation measures along with any additional or supporting documents to the Rains County Environmental Office for review.
- Application** and **Plans** will be reviewed by Rains County Environmental Office.
- Upon approval, **Authorization** will be issued to begin construction.
- An **Inspection** of the installation is required **Before** covering of the system. Contact our office at least **1 Working Day** in advance to arrange an inspection.
- After a successful inspection, a **Notice of Approval** will be issued to the owner.

**FEES:**      SINGLE FAMILY      \$285.00

COMMERCIAL/INSTITUTIONAL/MULTI-FAMILY      \$445.00

**\*If a person other than the property/system owner does construction, that person must hold a valid Texas Installer Certificate of Registration**

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**ON-SITE WASTERWATER SYSTEM CHECKLIST FOR DESIGNED SYSTEM**

**OWNER'S NAME** \_\_\_\_\_

The following information must be included with the design package for review by the Rains County Environmental Office. Failure to include or address all of the following items may result in approval delays.

- └ **Plans and Report must bear a Signed and Dated Seal of the responsible Registered Sanitarian or Registered Professional Engineer.** The address and telephone number of this person must also be included in the submittal.
- └ A Report must be included in the submittal containing the following information:
  - └ Basis of design
  - └ Site Evaluation
  - └ System flow and sizing calculations
  - └ Material specifications
  - └ Size and model number of approved aerobic system (if used)
- └ Construction Drawing must include the following information:
  - └ A Scaled, Legible Site Plan with Boundary Description
  - └ The location of **all** buildings (existing or proposed) on the siteplan
  - └ The location of the **wastewater treatment units and disposal area**
  - └ **Setback Distances and Water Wells must be identified and located on the site plan**
  - └ The site plan must also include topographical contours for slopes greater than 15%
  - └ **Easements and Bodies of Water** (lakes, streams, creeks, ditches, ponds etc.) **must be identified**
  - └ Installation details such as septic tank configuration, layouts, cross-sections of drain fields and disposal beds, irrigation systems and pump station including piping and controls

\_\_\_\_\_  
Signature of Designer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

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**PERMITTING REQUIREMENTS**

**HEALTH AND SAFETY CODE – CHAPTER 366**

**Sec. 366.004 Compliance Required**

A person may not construct, alter, repair or extend, or cause to be constructed, altered, repaired or extended an on-site sewage disposal system that does not comply with this chapter and applicable rules.

**Sec. 366.051 Permit**

(a) A person must hold a permit and an approved plan to construct, alter, repair, extend or operate an on-site sewage disposal system.

**Sec. 366.054 Notice From Installer**

An installer may not begin construction, alteration, repair or extension of an on-site sewage disposal system unless the installer notifies the commission or authorized agent of the date on which the installer plans to begin work on the system.

**Sec. 366.055 Inspection**

(b) An on-site sewage disposal system may not be used unless it is inspected and approved by the commission or authorized agent.

**Sec. 366.056 Approval of On-Site Sewage Disposal System**

(c) If a system is not approved under this section, the on-site sewage disposal system may not be used until all deficiencies are corrected and the system is re-inspected and approved by the commission or authorized agent.

**Sec. 366.057 Permit Issuance**

(b) A permit and approved plan to construct, alter, repair, extend or operate an on-site sewage disposal system must be issued in the name of the person who owns the system and must identify the specific property location or address for the specific construction, alteration, extension, repair or operation proposed by the person.

If you have any questions about the above requirements of the Health and Safety Code, please contact this office at the above address or telephone number.

ALL PERMIT FEES ARE  
NON-REFUNDABLE  
ONE PERMIT PER SYSTEM

On-Site Sewage Facilities  
Permit Application

Permit Number	
Date	
Amount Paid	Receipt #

Authorized Agent: RAINS COUNTY

Property Owners: last, \_\_\_\_\_, first, \_\_\_\_\_, MI, \_\_\_\_\_, spouse, \_\_\_\_\_

Mailing Address: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Telephone #'s: land line, \_\_\_\_\_, cell, \_\_\_\_\_, other, \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Site Address Required: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Lot: \_\_\_\_\_, Block: \_\_\_\_\_, Subdivision: \_\_\_\_\_

Unit #, \_\_\_\_\_, Acreage: \_\_\_\_\_, Survey Name: \_\_\_\_\_

Abstract: \_\_\_\_\_, Deed Volume: \_\_\_\_\_, Page: \_\_\_\_\_, Tract: \_\_\_\_\_, Section: \_\_\_\_\_

GEO #: \_\_\_\_\_, Property ID: \_\_\_\_\_

Water Usage Rate "Q" (GPD): \_\_\_\_\_, Water saving devices: \_\_\_\_\_ yes, \_\_\_\_\_ no,

Source of water: \_\_\_\_\_ Private well, \_\_\_\_\_ Public water supply name: \_\_\_\_\_

\_\_\_\_\_ Single Family Residence: # of bedrooms \_\_\_\_\_, Sq Ft living area \_\_\_\_\_

\_\_\_\_\_ Commercial, \_\_\_\_\_ Institutional, \_\_\_\_\_ Multi-Family:

Name of Business or Institution: \_\_\_\_\_

# of employees/occupants/units: \_\_\_\_\_

Site Evaluator: \_\_\_\_\_, Registration # and type: \_\_\_\_\_

Designer: \_\_\_\_\_, Registration # and type: \_\_\_\_\_

Address: \_\_\_\_\_, Phone #: \_\_\_\_\_

Installer: \_\_\_\_\_, Registration # and type: \_\_\_\_\_

Address: \_\_\_\_\_, Phone #: \_\_\_\_\_

I hereby certify that under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that the information is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation or falsification may result in denial of my application. Authorization is hereby granted for the Permitting Authority to enter the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and related activities. A permit to operate the facility will be granted following a successful inspection of the system.

Signature of owner: \_\_\_\_\_, Date: \_\_\_\_\_

(ATC) AUTHORIZATION TO CONSTRUCT GRANTED BY: \_\_\_\_\_

LICENSE #: \_\_\_\_\_, DATE: \_\_\_\_\_

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (ATC) BY DESIGNATED REPRESENTATIVE SHALL SERVE AS "AUTHORIZATION TO CONSTRUCT". BASED ON PLANNING MATERIALS RECEIVED BY THIS DATE

(AO) INSPECTED AND APPROVAL TO OPERATE GRANTED BY: \_\_\_\_\_

LICENSE #: \_\_\_\_\_, DATE: \_\_\_\_\_

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (AO) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS "NOTICE OF APPROVAL TO OPERATE". BASED ON FINAL SYSTEM INSPECTION, TO INCLUDE ANY APPROVED CHANGES OR MODIFICATIONS MADE AFTER RELEASE OF AUTHORIZATION TO CONSTRUCT.

## OSSF Soil & Site Evaluation

Page 1 (Soil & Site Evaluation)

Date Performed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Owner: \_\_\_\_\_

Site Location: \_\_\_\_\_ Proposed Excavation Depth: \_\_\_\_\_

**REQUIREMENTS:**

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil borings or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed disposal field excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on this form. Indicate depths where features appear.

Soil Boring Number: _____					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

Soil Boring Number: _____					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

### FEATURES OF SITE AREA

Presence of 100 year flood zone	} Yes Δ No
Presence of upper water shed	} Yes Δ No
Presence of adjacent ponds, streams, water impoundments	} Yes Δ No
Existing or proposed water well in nearby area (within 150 feet)	} Yes Δ No
Ground Slope _____ %	

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

\_\_\_\_\_  
(Signature of person performing evaluation)

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

\_\_\_\_\_  
Registration Number and Type

Site Location: \_\_\_\_\_

Subsurface Disposal

Surface Disposal

**Schematic of Lot or Tract**

**Show:**

Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and any other structures where known.

Location of existing or proposed water wells within 150 feet of the property.

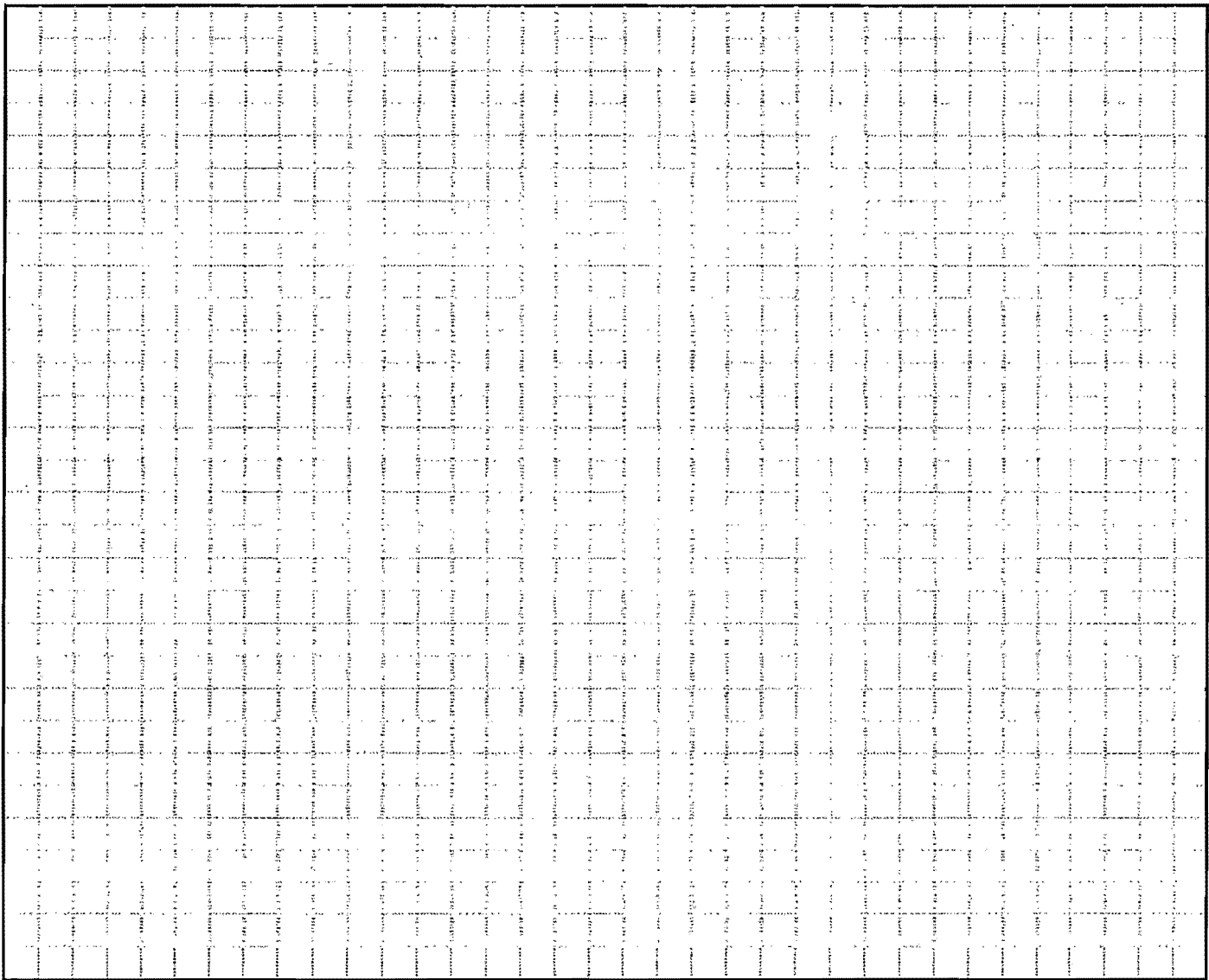
Indicate slope or provide contour lines from the structure to the farthest location of the proposed disposal field.

Location of soil boring or excavation pits (show location with respect to a known reference point).

Location of natural, constructed, or proposed drainage ways (ditches, streams, ponds, lakes, rivers, etc.), water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size: \_\_\_\_\_ or Acreage: \_\_\_\_\_

**SITE DRAWING**



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**SUBMISSION REQUIREMENTS FOR ON-SITE SEWAGE FACILITIES  
SEEKING AUTHORIZATION FOR SURFACE APPLICATION**

This is the Rains County Environmental Office policy on surface application systems. The following documents and related fees must be submitted to our office **prior** to the **review** for approval of the proposed system:

1. A properly **sealed and signed** (original signature) plan must be submitted by a **Registered Sanitarian** or **Registered Professional Engineer** and must include installation details of the aerobic unit, technical features of filters, alarms to be used with the specific system, chlorinating system, application pump and piping.
2. Provide **calculations** on the emergency storage volume, pump sizing and application pipe head loss.
3. Provide a description of ground cover of the application area.
4. Provide the average **daily waste flow**, **application area required** and **actual area utilized**.
5. A completed, signed and notarized Affidavit to the Public must be filed in the County Clerk's office. A **copy** must be submitted to our office.
6. A check or money order in the amount of **\$285.00** payable to Rains County for a single family dwelling. **\$445.00** for all others.
7. A copy of a two-year system **maintenance contract** with a **valid OSSF maintenance company** **must** be provided to our office.
8. Any request for a variance **must** demonstrate that the variance has been requested because conditions are such that the equivalent protection of the public health and the environment can be provided by alternate means. Any request for a variance **must** contain planning materials prepared and sealed by either a **Registered Sanitarian** or a **Registered Professional Engineer**.

If you have any questions or if we can be of further assistance, please contact our office.

AFFIDAVIT

THE COUNTY OF \_\_\_\_\_  
STATE OF TEXAS

**CERTIFICATION OF ON-SITE SEWAGE FACILITIES REQUIRING MAINTENANCE**

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Official Public records of \_\_\_\_\_ County, Texas.

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 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 an Official Public Record recording. Additionally, the owner must provide proof of the recording to the local OSSF permitting authority. This document is not a representation or warranty by the TCEQ or the local permitting authority of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ or the local permitting authority that the appropriate OSSF was installed.

Before me, the undersigned authority, on this day personally appeared (land owner's printed name): \_\_\_\_\_ who after being by me duly sworn, upon oath states that he/she is the owner/owner's agent of record of that certain tract, lot, or parcel of land lying and being situated in \_\_\_\_\_ County Texas, and being more particularly described as follows:

Abstract # \_\_\_\_\_, Survey Name \_\_\_\_\_, Acreage \_\_\_\_\_  
Land Records Reference, Volume \_\_\_\_\_, Page \_\_\_\_\_, GEO # \_\_\_\_\_  
Lot \_\_\_\_\_, Block \_\_\_\_\_, Subdivision \_\_\_\_\_, Unit # \_\_\_\_\_  
911 Address \_\_\_\_\_

**OR: ATTACH METES AND BOUNDS PROPERTY DESCRIPTION**

An OSSF requiring inspections and maintenance according to 30 Texas Administrative Code 285.91(12) is proposed to be installed on this property. This OSSF must be inspected once every four months. Inspection and maintenance on this OSSF must be done in accordance with THSC 366.0515 and TAC 285. At least thirty days before an existing inspection contract expires, the property owner must submit a renewal contract (or equivalent compliance documentation per TAC 285) to the local permitting authority. The owner will, upon sale or transfer of the above described property, request a transfer of the permit for the OSSF to the buyer or new owner and a new, signed maintenance contract (or equivalent compliance documentation per TAC 285) must be submitted to the permitting authority within 30 days after the property has been transferred. Neither the maintenance company nor the owner may alter the OSSF in any way without prior approval of the permitting authority.

For more information about rules and regulations for surface application on-site wastewater treatment systems, please contact the Texas Commission on Environmental Quality, Region 5, Tyler Texas.

WITNESS MY HAND ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(Owner's Signature)

SWORN TO AND SUBSCRIBED BEFORE ME on this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

by \_\_\_\_\_  
(Owner's Printed Name)

\_\_\_\_\_  
(Notary Public, State of Texas)  
(Signature and Seal)



**RAINS COUNTY ENVIRONMENTAL OFFICE  
ON-SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR PERMIT**

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL**  
**UNAUTHORIZED CONSTRUCTION CAN RESULT IN PENALTIES**

**PROPERTY OWNER'S NAME** \_\_\_\_\_

New House /w New System     Replace System     Upgrade System

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 WASTWATER USAGE RATE: Q= \_\_\_\_\_ (GALLONS PER DAY)**

Water Saving Devices:  Yes     No

**III. TREATMENT UNIT:  SEPTIC TANKS     AEROBIC UNIT     OTHER**

Tank Dimensions \_\_\_\_\_ Liquid Depth (Bottom Of Tank to Outlet) \_\_\_\_\_  
(R & H or L, W & H) (Inches)

Size Required \_\_\_\_\_ (Gallons)    Size Proposed \_\_\_\_\_ (Gallons)

Manufacture \_\_\_\_\_ Model # \_\_\_\_\_ Distributor \_\_\_\_\_

Type Material of Tank \_\_\_\_\_ Pretreatment Tank Required:  Yes     No

**III. DISPOSAL SYSTEM**

Type:  Conventional     Panels     Surface Application     Drip     Gravel-less Pipe     E-Z Lay     LPD

Area Required \_\_\_\_\_ Area Proposed \_\_\_\_\_

**IV. ADDITIONAL INFORMATION**

**Note:** THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETE.

Site Evaluation  
Planning Materials  
Design

**THE ATTACHED CHECKLIST DETAILS THOSE ITEMS THAT MUST BE ADDRESSED UNDER EACH OF THESE CATEGORIES.**

\_\_\_\_\_  
**Designer's Signature**

\_\_\_\_\_  
**Registration #**

\_\_\_\_\_  
**Date** rev2

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This is to certify that the installer that is installing my On-Site Sewage Facility has complied with provisions of 30 TAC, Chapter 285, Section 285.39 titled OSSF Maintenance and Management Practices that states:

- (a) *"An installer shall provide the owner of an on-site sewage facility (OSSF) with written information regarding maintenance and management practices and water conservation measures related to the OSSF installed, repaired, or maintained by the installer."*
- (b) *"Owners shall have the treatment tank pumped on a regular basis in order to prevent sludge accumulation from spilling over to the next tank or the outlet device. Owners of treatment tanks shall engage only persons registered with the executive director to transport the treatment tank contents."*
- (c) *"Owners shall not allow driveways, storage building, or other structures to be constructed over the treatment or disposal systems."*

**THE INFORMATION ABOVE HAS BEEN PROVIDED TO ME ACCORDING TO SECTION 285.39(a)-(c).**

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(Signature of System Owner)

## TESTING AND REPORTING RECORD

This testing and reporting record **shall** be completed and dated after each inspection. A copy **shall** be retained by the Maintenance Company or Homeowner performing the inspection. A copy of the inspection **shall** be sent to the Permitting Authority Rains County Environmental Office within **14 days** of inspection. If a Maintenance Company performed the inspection, a copy **shall** be sent to the system owner.

1. Required frequency of maintenance check and tests – every 4 months.

a. Actual date of test: \_\_\_\_\_

2. System inspection:

a. Property address: \_\_\_\_\_

b. Permit number: \_\_\_\_\_

c. Person performing inspection: \_\_\_\_\_

d. Signature and license number if app.: \_\_\_\_\_

e. Company name if applicable: \_\_\_\_\_

f. Company address: \_\_\_\_\_

g. Company telephone: \_\_\_\_\_

3. Inspected item	Operational	Inoperative
a. Aerators	_____	_____
b. Filters	_____	_____
c. Irrigation pumps	_____	_____
d. Recirculation pumps	_____	_____
e. Disinfection device	_____	_____
f. Chlorine supply	_____	_____
g. Electrical circuits	_____	_____
h. Distribution system	_____	_____
i. Sprayfield vegetation	_____	_____
j. Other as noted	_____	_____

4. Repairs to system (list all repairs). \_\_\_\_\_  
 \_\_\_\_\_

5. Access ports secured after maintenance and inspection completed. Yes \_\_\_\_\_ NO \_\_\_\_\_  
 If not explain: \_\_\_\_\_

6. Test: Cl lvl in pump tank; \_\_\_\_\_, method used; \_\_\_\_\_. Sludge lvl in pump tank. \_\_\_\_\_" All other test list on back.

# RENEWAL SERVICE POLICY FOR AN ON SITE SEWAGE FACILITY TREATMENT SYSTEM

Purchaser/Property Owner: \_\_\_\_\_ Permit #: \_\_\_\_\_  
(Print)

Site Address: \_\_\_\_\_

I, \_\_\_\_\_ agree to provide a **RENEWAL** service contract to  
(Print)  
the above named property owner as a part of the On-Site Sewage Facility. This contract shall provide the following:

1. An inspection/service call, **AT LEAST ONCE EVERY FOUR (4) MONTHS**, which will include the inspection, adjustment and servicing of all mechanical and electrical component parts, filters, chlorinator, distribution system and spray application field, to insure their proper operation.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum and overflow, an examination for odors and **A CHLORINE RESIDUAL TEST**.
3. \_\_\_\_\_ is responsible for keeping the proper type chlorine tablets in  
(Print)  
the chlorinator at all times.
4. Problem/complaint calls from the property owner shall be responded to within \_\_\_\_\_ hours of notification to this maintenance company.
5. The **CERTIFIED REPRESENTATIVE** for servicing, testing and reporting on this system is:  
\_\_\_\_\_, Certification # \_\_\_\_\_  
(Print)

**THE PROPERTY OWNER IS RESPONSIBLE FOR HAVING A MAINTENANCE CONTRACT IN EFFECT AT ALL TIMES.**

At the end of this renewal contract, a continuing service contract, with terms comparable to this contract, may be purchased from any certified person/company.

This service contract does not cover the cost of service calls, labor or materials which are required due to "**misuse or abuse**" of the system, failure to maintain electrical power to the system, sewage flows exceeding the estimated hydraulic load or organic design capability, the disposal of non-biodegradable materials, chemicals, solvents, grease, oil, paint, etc., or of any usage contrary to the requirements listed in the owner's manual or as advised by the authorized service representative.

Additional services, replacement of out-of-warranty parts, waste removal from the system "**wasting or tank pumping**" and other services offered by the installer/representative can be performed for an additional charge by written request.

Purchaser/Property Owner \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Installer/Service Representative \_\_\_\_\_  
(Signature) (Certification #)

Date Of Approval \_\_\_\_\_ Date Contract Expires \_\_\_\_\_