



ON-SITE SEWAGE FACILITY PERMIT APPLICATION

****ALL APPLICATIONS FOR AN ON-SITE SEWAGE FACILITY PERMIT FOR THE TOWN OF BARTONVILLE MUST BE MADE ON TOWN OF BARTONVILLE FORMS. NO EXCEPTIONS WILL BE MADE.****

The following information must be included in the application:

- Complete Permit Application
- Application Signed by the Property Owner
- Technical Information Sheet Signed by the Designer
- For Aerobic Systems:
 - Initial Service Contract for a term of two years
 - The contract must indicate who is responsible for maintaining the disinfection unit
 - The contract must indicate the physical address of the maintenance provider.
 - Notarized “Affidavit to the Public” with a receipt indicating the affidavit has been filed with the Denton County Clerk’s office.
 - Notarized “Town of Bartonville Release of Liability”
- Design that meets all of the TCEQ rules and the requirements.
- Fees paid in accordance with the Town of Bartonville’s Fee Schedule.
- Set of Construction Plans (Effective June 2022)
- Copy of Site Survey Effective (January 2025)

Effective June 2022, a set of floor plans are required for the DR to review bedrooms and square footage to verify the accuracy designs of septic systems.

APPLICATION FOR ON-SITE SEWAGE FACILITY NEW CONSTRUCTION AND MODIFICATION

4
TCEQ Region Number

____Denton____
County of Installation

____Bartonville____
Town or City of Installation

Application No.

Date

Amount

<input type="checkbox"/> New Installation
<input type="checkbox"/> Modification

1. Property Owners Name: _____
(Last) _____ (First) _____ (Middle) _____

2. Permanent Mailing Address: _____

3. Telephone No. During Day: (_____) _____

4. Site Address: _____

5. Legal Description: Sec. _____ Block. _____ Lot _____ Date _____

6. Source of Water: Private Well Public Water Supply _____
(Name of Supplier)

7. Single Family Residence: No. of Bedrooms _____ Living Area (ft²) _____

8. Commercial/Institutional (Including multi-family residences) Type: _____

No. of Employees/Occupants/Units: _____ Days Occupied per Week: _____

9. Site Evaluator: _____ Certification No.: _____

10. Designer: _____ License No. (PE or RS) _____

Phone No.: _____

11. Installer: _____ Registration No.: _____

Phone No.: _____

(*All related fees are non-refundable and shall be paid by personal check, cashiers check, or money order. No cash accepted.)

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Designated Representative 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 this Commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

12. _____
(Signature of Owner)

_____ (Date)

**ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

APPLICATION # _____

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

OWNERS NAME: _____ **COUNTY:** _____
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:

A SEPTIC TANK

* Tank dimensions: _____

* Size required: _____

* Liquid depth (tank bottom to outlet): _____

* Size proposed: _____

B. AEROBIC

* Manufacturer: _____

* Model #: _____

* Size required: _____

* Size proposed: _____

* Pretreatment tank: Yes No

C. OTHER: _____

(PLEASE ATTACH DESCRIPTION)

IV. DISPOSAL SYSTEM

Type: _____

* Area required: _____

* Area proposed: _____

V. ADDITIONAL INFORMATION: (Note – This information must be attached for review to be complete)

A. Site Evaluation

B. Planning Materials

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

DESIGNER'S SIGNATURE

REGISTRATION NO.

DATE

**TOWN OF BARTONVILLE, DENTON COUNTY
ON-SITE WASTEWATER SYSTEMS CHECKLIST**

OWNER'S NAME: _____

The following information must be included with the design package for review by the Texas Registered Designated Representative. Failure to include or address all of the following items may result in approval delays.

1. **SITE EVALUATION:** At least two soil borings/backhoe pits shall be taken in opposite ends of the area to be used for the soil absorption system, and shall be excavated to a depth of 2 feet BELOW the proposed trench, or to a restrictive horizon whichever is less. Two copies of the test results and the drawing must be enclosed. The following information shall be included:
 - A. Soil texture analysis. List the texture type.
 - B. Soil structure analysis. List the structure type.
 - C. Depth of test. (Soils without at least 24" of suitable soil beneath the proposed drainfield shall be considered unsuitable.)
 - D. Restrictive horizon evaluation.
 - E. Groundwater evaluation.
 - F. Topography
 - G. Flood hazard areas
 - H. Vegetation
 - I. Easements and bodies of water (lakes, watercourses, etc.) Must be identified.
 - J. Location of all buildings (existing or proposed)
 - K. All separation distances identified in Table X must be shown.
 - L. All water wells on this site and neighboring properties.
 - M. Slope of site.

2. **PLANNING MATERIALS:** Two copies of the construction drawing must be enclosed and shall include the following information:
 - A. A detailed, legible site plan with boundary description. (Aerobic systems require scale drawings, legal description of the lot, an Affidavit to the Public and Maintenance Agreement to be attached.)
 - B. The location of all buildings (existing or proposed) on the site plan.
 - C. The size and location of the wastewater treatment units and disposal area (include width & depth). A cross section of the excavation must be included.
 - D. All water wells on this site and neighboring properties must be identified and located on the site plan.
 - E. Easements and bodies of water (lakes, watercourses, etc) must also be identified.
 - F. All separation distances identified in Table X must be shown.

AFFIDAVIT TO THE PUBLIC
****MUST BE FILED WITH THE DENTON COUNTY CLERK'S OFFICE****

THE COUNTY OF DENTON
STATE OF TEXAS

According to Texas Commission on Environmental Quality Rules for On-Site Sewage (OSSFs) Facilities, this document is filed in the Deed Records of Denton 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 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 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:

Legal Description: _____

The property is owned by (insert owner's full name) _____

This OSSF shall be covered by a continuous service agreement for the first two years. After the initial two-year service agreement, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

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 TCEQ DFW Region office.

SIGNED this _____ day of _____, 20_____.

SWORN AND SUBSCRIBED TO BEFORE ME, the undersigned authority, came _____
known to me to be the person(s) who affixed his/her/their signatures to the Release of Liability above.

SIGNED this _____ day of _____, 20_____.

Notary Public in and for the State of Texas

TOWN OF BARTONVILLE
RELEASE OF LIABILITY

I/We, _____ do hereby fully and completely release the Town of Bartonville ("Bartonville") from all responsibility and liability for use and/or installation of SEWERAGE and/or WASTEWATER DISPOSAL SYSTEMS (the "Systems") that may be installed by me/us or on my/our behalf.

I/We understand that the Town of Bartonville does not endorse the use of the aforementioned Systems as their reliability over time has not been proven. While Bartonville does not outlaw the use of NON-CONVENTIONAL SYSTEMS, I/We agree that it shall be held harmless from any damages that may arise from their use and/or installation.

SIGNED this _____ day of _____, 20_____.

SWORN AND SUBSCRIBED TO BEFORE ME, the undersigned authority, came _____ known to me to be the person(s) who affixed his/her/their signatures to the Release of Liability above.

SIGNED this _____ day of _____, 20_____.

Notary Public in and for the State of Texas