



ON-SITE SEPTIC FACILITY APPLICATION FORM

HOW TO OBTAIN A BEE COUNTY PERMIT FOR AN ON-SITE SEWAGE FACILITY:

SINGLE FAMILY RESIDENTIAL FEE: \$200
Effective 10/1/2013

COMMERCIAL FEE: \$325
Effective 10/1/2013

- OBTAIN AN APPLICATION FROM THE BEE COUNTY ENFORCEMENT OFFICE
- HAVE A REGISTERED SANITARIAN, PROFESSIONAL ENGINEER, OR LICENSED INSTALLER PERFORM MANDATORY SOIL IDENTIFICATION PROCEDURE AND DESIGN THE SYSTEM.
- HAVE APPROPRIATE INDIVIDUAL PREPARE PLANNING MATERIALS. A PROFESSIONAL DESIGN (RS, PE) IS REQUIRED FOR PROPRIETARY AND NON-STANDARD SYSTEMS.
- SUBMIT COMPLETED APPLICATION AND TECHNICAL INFORMATION SHEET (IN PROPERTY OWNER'S NAME) WITH ALL PAGES INTACT. INCLUDE THE APPROPRIATE FEE AND ONE COPY EACH OF THE FOLLOWING:
 - 1) PLANNING MATERIALS
 - 2) SITE AND SOIL EVALUATION
 - 3) ACCURATE DIRECTIONS TO THE SITE
- COUNTY STAFF WILL REVIEW PLANS AND APPLICATION.
- UPON APPROVAL, AN AUTHORIZATION TO CONSTRUCT WILL BE ISSUED. **THE AUTHORIZATION TO CONSTRUCT IS VALID FOR ONE YEAR FROM THE DATE ISSUED. IF NOT COMPLETED IN (1) YEAR ANOTHER PERMIT WILL BE REQUIRED AND NO REFUNDS ARE ALLOWED BACK. NO PERSONAL CHECKES ACCEPTED ONLY CASH MONEY ORDER OR CASHIERS CHECK.**
- BEGIN CONSTRUCTION. AN INSPECTION OF THE INSTALLATION IS REQUIRED BEFORE THE SYSTEM IS COVERED. CONTACT OUR OFFICE AT TIME OF CONSTRUCTION BEGINNING AND AT LEAST 3 WORKING DAYS IN ADVANCE TO ARRANGE FOR INSPECTION. A REINSPECTION FEE WILL BE CHARGED IF INSPECTION FAILS THE FIRST TIME. HALF THE PERMIT FEE WILL BE CHARGED FOR REINSPECTION.
- **FOR INSPECTION CALL (361)621-1553 and leave a message if NO answer.**



BEE COUNTY COMMUNITY AFFAIRS

APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION AND MODIFICATION
TCEQ REGION NUMBER 14

OFFICE USE ONLY
APPLICATION NUMBER
DATE
AMOUNT

NEW INSTALLATION
MODIFICATION

APPLICATION APPROVED INITIALS DATE:

CONSTRUCTION APPROVED INITIALS DATE:

1. PROPERTY OWNERS NAME: _____
2. PERMANENT MAILING ADDRESS: _____
3. TELEPHONE # DURING THE DAY: _____
4. SITE ADDRESS: _____
5. LEGAL DESCRIPTION: SEC: _____ BLOCK: _____ LOT: _____
SUBDIVISION: _____
OTHER THAN SUBDIVISION: ACREAGE: _____ SURVEY: _____
6. SOURCE OF WATER: PRIVATE WELL PUBLIC WATER SUPPLY _____
NAME OF SUPPLIER _____
7. RESIDENCE: NO. OF BEDROOMS: _____ LIVING AREA (FT) _____ Q= _____
8. COMMERCIAL/INSTITUTIONAL (INCLUDING MULTI-FAMILY RESIDENCE) TYPE:

NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED PER WEEK: _____
9. SITE EVALUATOR: _____ CERT: _____ PHONE: _____
10. DESIGNER: _____ LICENSE # (PE OR RS) _____ PHONE: _____
11. INSTALLER: _____ REG #: _____ PHONE: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorities is hereby given to the Bee County Health Inspector 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 inspections of the installed system which indicated that the system was installed in compliance with the Texas Commission on Environmental Quality On-Site Facility Rules, TAC 30, Chapter 285.

SIGNATURE OF OWNER:

DATE:

NOTE: PERMIT VALID UP TO ONE YEAR OF DAT ISSUEDE: NO REFUNDS OR MODIFICATIONS. All lines MUST be filled out before processing.

BEE COUNTY COMMUNITY AFFAIRS

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.

OWNER'S 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: _____ Liquid Depth (Bottom of tank to outlet): _____

Size Required: _____ Manufacture: _____

Size proposed: _____

B. AEROBIC:

Manufacture: _____ Model # _____

Size required: _____ Size proposed: _____

Pretreatment tank: Yes No

C. OTHER: _____

IV. DISPOSAL SYSTEM:

Type: _____

Area required: _____ Area proposed: _____

V. ADDITIONAL INFORMATION:

Note- this information must be attached for review to be completed.

- 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

BEE COUNTY COMMUNITY AFFAIRS OSSF SOIL EVALUATION

Date performed: _____

Property owner: _____

Excavation depth: _____

Site Evaluator: _____

Registration#: _____

Requirements:

Minimum of two-soil evaluations at site on opposite ends of proposed area

Bore locations to be shown on site drawing

Subsurface disposal-boring must be minimum five feet deep

Surface disposal-surface horizon must be evaluated

Describe each soil horizon

Identify any restrictive features

Indicate depths where features appear

Soil boring #1

Depth (ft.)	Texture Class	Structure	Restrictive Horizon	Observations
0__				
1__				
2__				
3__				
4__				
5__				

Soil boring #2

Depth (ft.)	Texture Class	Structure	Restrictive Horizon	Observations
0__				
1__				
2__				
3__				
4__				
5__				

I certify the finding of this report are based on my field evaluations and are accurate to the best of my ability

Site Evaluator Signature: _____ # _____ Date: _____

Site Drawing
Bee County Community Affairs
210 E. Corpus Christi St.
Beeville, TX 78102
Phone: (361) 621-1553 Fax: (361) 492-5992

Must be drawn/shown

- North- direction
- Structure location
- Septic tank
- Field Lines (Leach Field)
- Water well/water source-distance in feet from field lines (Leach fields)
- Abandon water wells need be plugged with proper documentation attached

