

TOWN OF SAN FELIPE
APPLICATION REQUIREMENTS FOR ON-SITE SEWAGE FACILITY PERMITS

SINGLE FAMILY DWELLING, FEE: \$295.00 ALL OTHER TYPE FACILITIES, FEE: \$495.00
(Commercial, multi-unit residential developments)

- Obtain an application from the Designated Representative.
- A licensed site evaluator must conduct a complete site evaluation. A detailed report, documenting the results of the soil and site conditions, must be submitted.
- Have planning materials prepared by the required individual. Standard systems may be prepared by the owner or the installer. Non-standard and proprietary systems must be prepared by a professional engineer or a professional sanitarian.
- Submit completed application and technical information sheet. Remit the appropriate fee and two copies of each of the following: site evaluation results; all planning materials; a recorded affidavit (if required); a signed maintenance contract (if required). Directions to the site should also be included.
- The application and planning materials will be reviewed by the Designated Representative. Non-standard planning materials may be reviewed by the Designated Representative.
- If approved, an Authorization to Construct will be issued. The Authorization to Construct is valid for one year from the date of issuance.
- The installer must notify the Designated Representative at least five working days before the date of the construction inspection. All excavations must be left open until the inspection has been completed.
- If the installation is approved, a Notice of Approval will be issued to the owner within seven days.
- **NOTE:** A reinspection fee equal to ½ the permit fee must be paid by the installer for each time the system must be reinspected. All fees must be paid before a Notice of Approval will be issued.

ALL FEES ARE NON-REFUNDABLE AND MUST BE PAID BY CHECK OR MONEY ORDER. CASH WILL NOT BE ACCEPTED.

PAYMENTS MUST BE MADE PAYABLE TO THE TOWN OF SAN FELIPE.

(Office Use Only)

License No. _____ Date _____ Received _____
Development No. _____ Map No. _____ Zone _____

APPLICATION FOR ON-SITE SEWAGE FACILITY (OSSF) LICENSE

Applicant applies for a license to construct an On-Site Sewage Facility in the city limits of the Town of San Felipe, Texas, as required by the ordinances of San Felipe, Texas for On-Site Sewage Facilities.

I. APPLICANT INFORMATION: (all information must be completed)

A. APPLICANT'S NAME:

B. CURRENT MAILING ADDRESS:

_____ (Number & Street Name)

_____ (City & State & Zip)

_____ (Home Telephone #) _____ (Business Telephone #)

_____ E-mail address

II. PROPERTY INFORMATION: (all information must be completed)

A. SUBDIVISION: _____ (Name of Subdivision) _____ (Sec., Block, Lot)

B. NOT IN SUBDIVISION: _____ (Abstract No. & Survey Name) _____ (Property "R" #)

C. 911 ADDRESS: _____ (Number & Street Name) _____ (City/Town)

D. ACREAGE: _____ **E. RENTAL PROPERTY: YES** _____ **NO** _____

F. SEASONAL _____ **OR** **YEAR ROUND** _____

G. DIRECTIONS TO PROPERTY (from Town Hall): _____

III. WATER SUPPLY INFORMATION: (all information must be completed)

A. INDIVIDUAL WATER WELL: _____
(Name of Drilling Co. & Telephone #)

B. PUBLIC WATER SUPPLY: _____
(Name of Co. & Telephone #)

IV. STRUCTURE INFORMATION: (all information must be completed)

A. DWELLING INFORMATION:

RESIDENTIAL/SINGLE FAMILY

MULTIFAMILY

MANUFACTURED HOME

BARN/STORAGE BUILDING

COMMERCIAL/INDUSTRIAL

NAME OF COMPANY: _____

TYPE OF BUSINESS: _____

NUMBER OF PEOPLE WORKING AT LOCATION: _____

OTHER

_____ NO. OF PEOPLE LIVING AT LOCATION

_____ SQ. FT. OF LIVING AREA

_____ YEAR BUILT

1 2 3 4 5+ NUMBER OF BUILDINGS ON PROPERTY

1 2 3 4 5+ NUMBER OF BEDROOMS

1 2 3 4 5+ NUMBER OF FULL BATHS

1 2 3 4 5+ NUMBER OF 1 /2 BATHS

B. CHECK TYPE OF FIXTURES:

WATER SAVING: _____

NON-WATER SAVING: _____

GREASE TRAP: _____

GARBAGE DISPOSAL: _____

V. ENGINEERING PLAN AND SPECIFICATIONS IN SUPPORT OF THIS APPLICATION SUBMITTED:

A. SITE EVALUATOR:

Certificate #: _____ (Name) _____ (Telephone #)
_____ (Address) _____ (City/Zip Code)

B. ENGINEER/SANITARIAN:

Certificate #: _____ (Name) _____ (Telephone #)
_____ (Address) _____ (City/Zip Code)

C. SYSTEM INSTALLER:

Certificate #: _____ (Name) _____ (Telephone #)
_____ (Address) _____ (City/Zip Code)

I authorize the Town of San Felipe and the Texas HomeSure Inspection Services and their agents to enter the described property during daylight hours to inspect for On-Site Sewage Facilities.

SIGNATURE OF OWNER: _____

APPLICATION ACCEPTED BY: _____

NOTE:

THE FOLLOWING MUST BE INCLUDED WITH APPLICATION TO PROCESS THE ON-SITE SEWAGE FACILITY LICENSE:

1. FEE
 - a. Residential - \$295.00
 - b. Commercial - \$495.00
2. DEED
3. SITE EVALUATION DRAWING
4. DESIGN (if applicable)
5. AFFIDAVIT TO PUBLIC (if applicable)
6. MAINTENANCE CONTRACT (if applicable)

TOWN OF SAN FELIPE ENVIRONMENTAL PROTECTION OFFICE
927 Sixth Street P.O. Box 129 San Felipe, Texas 77473

APPLICATION FOR ON-SITE SEWERAGE FACILITY CONSTRUCTION

Date _____ Permit Number _____

Name of Applicant _____

Mailing Address _____

City/State/Zip _____

DESCRIPTION OF PROPERTY WHERE OSSF IS TO BE CONSTRUCTED

911 Address _____

Lot Size _____ Acres Residential/Commercial Square Footage _____

Number of Bedrooms _____ Soil Classification _____ Disposal: Subsurface/Spray

I hereby grant permission to the Town of San Felipe Environmental Protection Office personnel to enter the above property for the purpose of inspecting the on-site sewerage facility.

Signature of Applicant Date

FOR USE BY THE ENVIRONMENTAL PROTECTION OFFICE

AUTHORIZATION TO CONSTRUCT

Granted/Denied Date _____ By _____

Type of System _____	Gallon Per Day Design _____
Septic Tank _____ gallons	Disposal Method _____
Pump Tank _____ gallons	Linear Feet/Area _____
ATU Manufacturer _____	Soil Type _____

Remarks _____

NOTICE OF APPROVAL TO OPERATE FACILITY

This serves to notify all persons that the on-site sewerage facility owned by the above has satisfied design, construction and installation requirements of the Town of San Felipe. This Permit is issued for the operation of the above identified on-site sewerage facility

Approved/Denied Date _____ By _____

THE TOWN OF SAN FELIPE OSSF SOIL EVALUATION FORM

Owner's Name: _____

Physical Address: _____

Name of Site Evaluator: _____

Registration 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 separate 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 EVALUATION				
Soil Boring Number	Profile Depth	Soil Texture	Gravel Present	Restrictive Horizon
	0"			
	60"			
60 Inch Minimum Depth or to a restrictive horizon whichever is less				

SOIL EVALUATION				
Soil Boring Number	Profile Depth	Soil Texture	Gravel Present	Restrictive Horizon
	0"			
	60"			
60 Inch Minimum Depth or to a restrictive horizon whichever is less				

Note: **TEXTURES:** Sand/greater than 30% Gravel; Sand/30% or less Gravel; Sand; Loamy Sand; Sandy Loam; Loam; Silt; Silt Loam; Sandy Clay Loam; Clay Loam; Silty Clay Loam; Sandy Clay; Silty Clay; Clay.

STRUCTURES: Massive; Blocky; Platy

TOWN OF SAN FELIPE OSSF SOIL EVALUATION FORM

TOPOGRAPHY

SLOPE: UNDER 2% _____ 2% to 30% _____ GREATER THAN 30% _____
Note: If slope is FLAT, provisions shall be made to insure good surface drainage of rainfall or runoff from covering the soil absorption field. Slopes greater than 30% are unsuitable.

VEGETATION: GRASS/BRUSH _____ LIGHTLY WOODED _____ HEAVILY WOODED _____

DRAINAGE: POOR _____ ADEQUATE _____ GOOD _____

GROUND WATER

Yes _____ No _____ Depth _____ inches

FLOOD HAZARD

100 Year Floodplain _____ Floodway _____ Outside the 500 Year Floodplain _____

MINIMUM SEPARATION DISTANCES

Public Water Wells _____
Public Water Supply Lines 10' _____
Private Water Well 50' tanks/100' app. area. _____
Streams, Ponds, Lakes, Rivers 75' app. area _____
Surface Improvements 5' min.tanks _____
Easements 5' min. _____
Other Structures 5' min. _____

Pressure Cemented or Grouted _____
Foundations & Buildings 5' min.tanks _____
Property Lines _____
Swimming Pools 25' min. _____
Sharp Slopes, Breaks 25' min. _____

OTHER

TYPE OF SYSTEM REQUIRED: _____

NAME OF SITE EVALUATOR: _____
REGISTRATION NUMBER: _____
Seal if applicable

ADDRESS: 927 Sixth Street P.O. Box 129
San Felipe, Texas 77473

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

Signature _____ Date _____