

SAN SABA COUNTY
500 E. WALLACE #103
SAN SABA, TX 76877
325/372-5600 or 8570

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

REMOVE AND RETAIN THIS PAGE PRIOR TO RETURNING APPLICATION TO COUNTY OFFICE

If you are going to use an attachment to send in this information, you will still need to fill out ALL the lines on our paperwork! Do not mark through our paperwork and note 'see attachment'!!

- ___ Obtain an application from San Saba County On-Site Sewage Facility Office
- ___ Have appropriate individual (Registered Sanitarian, Professional Engineer, or Site Evaluator) perform mandatory soil identification procedure
- ___ Have appropriate individual prepare planning materials. Professional design (R.S., P.E.) 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: for jobs that will need inspection by County Inspector - \$170.00; for jobs without need of inspection - \$70.00.
- ___ Plans and application will be reviewed by county staff. Non-standard system plans may be reviewed by TCEQ staff in Austin.
- ___ Upon approval an Authorization to Construct will be issued. The Authorization to Construct is valid for one year from the date of issuance.
- ___ Begin construction. If inspection is necessary, this will be required **BEFORE** covering of the system. Contact our office at least **5 working days** in advance to arrange for the inspection.

___ **NOTE:** A re-inspection fee equal to ½ the permit amount must be paid by the installer for each time the system must be re-inspected. All fees must be paid before the inspection.

NEW INSTALLATION
 MODIFICATION

S.S.C. USE ONLY

APPLICATION NO. _____

DATE _____

AMOUNT _____

**SAN SABA COUNTY
APPLICATION FOR ON-SITE
SEWAGE FACILITY
NEW CONSTRUCTION AND MODIFICATION**

PROPERTY OWNER'S NAME: _____
(LAST) (FIRST) (MI)

PERMANENT MAILING ADDRESS: _____
DAYTIME TELEPHONE NO.: _____

SITE ADDRESS: _____
LEGAL DESCRIPTION: Sec. _____ Block _____ Lot _____ Date _____
SUBDIVISION: _____

OTHER THAN SUBDIVISION: ACREAGE _____ SURVEY _____
SOURCE OF WATER: _____ Private Well _____ Public Water Supply _____
(Name of Supplier)

SINGLE FAMILY RESIDENCE: No. of Bedrooms: _____ Living Area (ft²): _____
COMMERCIAL/INSTITUTIONAL
(including multi-family residences) TYPE: _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____
DAYS OCCUPIED PER WEEK: _____

SITE EVALUATOR: _____ CERTIFICATION NO.: _____
DESIGNER: _____ License No. (PE or RS): _____
PHONE NO. : _____
INSTALLER: _____ REGISTRATION NO.: _____
PHONE NO. : _____

**I certify that the above statements are true and correct to the best of my knowledge.
Authorization is hereby given to San Saba County On-Site Sewage Facility to enter upon
the above described property for the purpose of lot evaluation and inspection of on-site
inspection of the installed system which indicates that the system was installed in
compliance with the On-Site Sewage Facility Rules, (See Texas Commission on
Environmental Quality, TAC 30, Chapter 285.)**

(Signature of Owner)

(Date)

SAN SABA COUNTY
ON-SITE SEWAGE FACILITY

TECHNICAL INFORMATION FOR PERMIT

OWNER'S NAME: _____

PROFESSIONAL DESIGN REQUIRED? Yes No
IF YES, PROFESSIONAL DESIGN ATTACHED? Yes No

SEWER (House Drain):
TYPE AND SIZE OF PIPE: _____ SLOPE OF SEWER PIPE TO TANK: _____

DAILY WASTEWATER USAGE RATE: Q= _____ (gallons/day)
WATER SAVING DEVICES: Yes No

TREATMENT UNIT:
 SEPTIC TANK:
*TANK DIMENSIONS: _____ *LIQUID DEPTH (Bottom of Tank To Outlet): _____
*SIZE REQUIRED: _____ *SIZE PROPOSED: _____
*MANUFACTURER: _____
*PRETREATMENT TANK: Yes No
*MODEL # _____

OTHER: _____
(PLEASE ATTACH DESCRIPTION)

DISPOSAL SYSTEM:
TYPE: _____
*AREA REQUIRED: _____ *AREA PROPOSED: _____

The attached checklist details those items that must be addressed under each category.

(Designer's Signature) (Registration No.) (Date)

SAN SABA COUNTY

500 E. WALLACE #103

SAN SABA, TX 76877

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CHECKLIST FOR SITE EVALUATION AND PLANNING MATERIALS

 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. **COPIES OF THE TEST RESULTS AND DRAWING OF THE SYSTEM** must be enclosed.

[NOTE: Provide a site drawing on an 8.5-inch by 11-inch sheet of paper that shows the boundaries of the treatment facility and the area served by the treatment facility. For facilities that dispose of effluent via land application (irrigation, subsurface disposal, evaporation, etc.), show the location of all effluent storage/holding ponds evaporation ponds and the disposal area. Indicate the general slope of the land. For facilities that include authorization to dispose of sludge by beneficial land application or surface disposal, show the location of the sludge application site or the disposal site.]

The following information shall be included:

- Soil texture analysis; list the texture type
- Soil structure analysis; list the structure type
- Depth of test (Soils without at least 24" of suitable soil beneath the proposed drainfield shall be considered unsuitable).
- Restrictive horizon evaluation
- Groundwater evaluation
- Topography
- Flood hazard
- Vegetation
- Easements and bodies of water (lakes, watercourses, etc.) must be identified
- Location of all buildings (existing or proposed)
- All separation distances identified in drawing must be shown
- All water wells on this site and neighboring properties

 PLANNING MATERIALS: The copy of the construction drawing must include the following information:

- A detailed, legible site plan with boundary description (Aerobic systems require scale drawings, legal description of the lot, and Affidavit to the Public, and Maintenance Agreement to be attached.
- The location of all buildings (existing or proposed) on the site plan.
- The size and location of the wastewater treatment units and disposal area (include width & depth) – A cross section of the excavation must be included.
- All water wells on this site and neighboring properties must be identified and located on the site plan.
- Easements and bodies of water (lakes, watercourses, etc.) must also be identified.
- All separation distances identified in drawing must be shown.

SAN SABA COUNTY
SITE EVALUATION FORM

DATE: _____

CLIENT: _____ ADDRESS: _____

LEGAL DESCRIPTION:

SUBDIVISION: _____ SEC. _____ LT: _____ BLK: _____

SURVEY: _____ ABSTRACT: _____

PROPERTY SIZE: _____ ACRES: _____

EXISTING OR PROPOSED STRUCTURE TO BE SERVED: _____

TOPOGRAPHY

SLOPE:

FLAT (UNDER 2%) _____ SLIGHT (UNDER 4%) _____ SEVERE (OVER 5%) _____

VEGETATION:

GRASS/ BRUSH _____ LIGHTLY WOODED _____ HEAVILY WOODED _____

SITE DRAINAGE:

POOR _____ ADEQUATE _____ GOOD _____ OTHER _____

NOTE: If slope is severe, a Topography Survey with half-foot contours must be provided with this form of the design. If site drainage is poor or slope is flat, then a detailed drainage plan must be provided with the design.

FLOOD HAZARD

PROPERTY IS LOCATED:

OUTSIDE THE 100-YEAR FLOODPLAIN _____

INSIDE THE 100-YEAR FLOODPLAIN _____

INSIDE THE 100-YEAR FLOODPLAIN AND FLOOD WAY _____

NOTE: Attach a FEMA Flood Insurance Rate Map (FIRM) with property identification or current survey with Flood Plain determination.

WATER SUPPLY:

PUBLIC _____ COMMUNITY _____ PRIVATE _____

NAME OF WATER SUPPLIER: _____

NOTE: If well is on-site, complete the following:

SIZE OF WELL: _____ YEAR DRILLED: _____ DRILLER: _____

DEPTH OF WELL: _____ FEET

SEALING BLOCK PRESENT YES NO

WELL HOUSE PROTECTING WELL YES NO

IS A WELL LOG AVAILABLE YES NO

(Attach if available)

NEIGHBORING WELLS WITHIN 100 FEET OF PROPERTY LINE YES NO

(If neighboring wells exist, they must be shown on the design)

SAN SABA COUNTY OSSF SOIL EVALUATION FORM

OWNER'S NAME: _____

PHYSICAL ADDRESS: _____

Name of Site Evaluator: _____ Registration Number: _____

Date performed: _____ Proposed Excavation Depth: _____

- At least two soil evaluation must be performed on the site, at opposite ends of the proposed disposal are. 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 at 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: _____						
Depth (ft)		Textural Class	Structure (if applicable)	Drainage Mottles/ Water Table	Restrictive Horizon	Comments
0						
1	½					
2	½					
3	½					
4	½					
5	½					
6	½					
7	½					

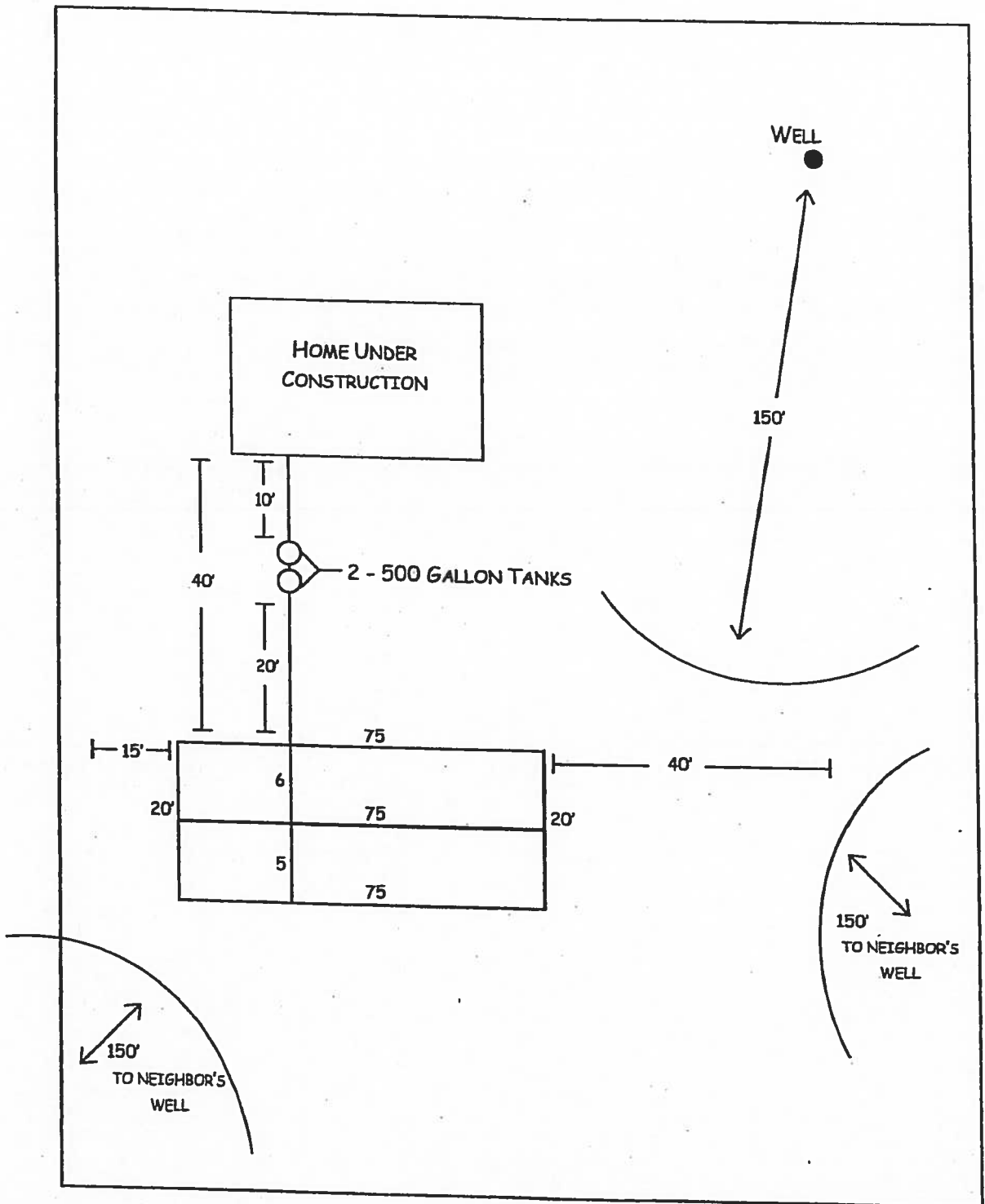
Soil Boring Number:					
Depth (ft)	Textural Class	Structure (if applicable)	Drainage Mottles/ Water Table	Restrictive Horizon	Comments
0					
½					
1					
½					
2					
½					
3					
½					
4					
½					
5					
½					
6					
½					
7					

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

(Signature of Site Evaluator)

(Phone Number)

Field Drawing



**SAN SABA COUNTY
FLOODPLAIN AND PERMIT DEPARTMENT**

500 E. WALLACE #103
SAN SABA, TX 76877
325/372-5600 or 8570
FAX: 325/372-5425 or 6484

OWNER'S NAME _____
CURRENT ADDRESS _____ PHONE _____
ADDRESS OF CONSTRUCTION _____
LEGAL DESCRIPTION _____

CONTRACTOR'S NAME _____
ADDRESS _____ PHONE _____

NATURE OF PROPOSED CONSTRUCTION

residential non-residential

DESCRIPTION OF PROPOSED CONSTRUCTION

new construction substantial improvement house manufactured home

other _____

SEWAGE SYSTEM public private lot size _____

THIS PROPERTY IS LOCATED IN FLOOD ZONE _____

PANEL NUMBER 48411C- _____ EFFECTIVE DATE: JULY 2, 1991

BASE FLOOD ELEVATION IS _____ FT. ABOVE MSL.

MINIMUM FIRST FLOOR ELEVATION OF PROPOSED STRUCTURE WILL BE
_____ FT. ABOVE MSL.

MINIMUM FIRST FLOOR ELEVATION OF PROPOSED STRUCTURE WILL BE
_____ FT. ABOVE THE HIGHEST ADJACENT GRADE OF THE SITE

FIRST FLOOR ELEVATION OF PROPOSED STRUCTURE IS RECOMMENDED TO BE
_____ FT. ABOVE NORMAL GROUND

I, _____ hereby file this application for a development permit and if the permit herein applied for is granted, acknowledge myself to be bound to the Commissioners Court of San Saba County, Texas, to see that all provisions of the permit are faithfully performed.

PERMIT VALID FOR ONE YEAR FROM DATE OF APPLICATION

Signature of Applicant Date

County Floodplain Administrator _____

WARNING: The flood hazard boundary maps and other flood data used by the County Administrator in evaluating flood hazards to proposed developments are considered reasonable and accurate for regulatory purposes and are based on the best available scientific and engineering data. On rare occasions greater floods can and will occur and flood heights may be increased by man-made or natural causes. Issuance of this permit shall not create liability on the part of San Saba County, the County Administrator, or any officer or employee of San Saba County in the event flooding or damage does occur.

**SAN SABA COUNTY
ON-SITE SEWAGE FACILITY**

INSPECTION REPORT

COUNTY _____ APPLICATION NUMBER _____
PROPERTY _____
OWNER _____ INSTALLER _____
OWNER PHONE # _____ INSTALLER PHONE # _____
DESCRIPTION OF _____ CERTIFICATE # _____
STRUCTURE _____

SEWER

PROPER TYPE/SIZE STRUCTURE TO DISPOSAL SYSTEM	Y	N
SLOPE MEETS MINIMUM REQUIREMENTS	—	—
CLEAN OUTS PROPERLY LOCATED	—	—
DEFICIENCIES NOTED _____	—	—

COMMENTS _____

TREATMENT UNIT

TYPE/ _____ MODEL/ _____
MANUFACTURER _____ SIZE _____ SERIAL _____
MEETS MIN.STANDARDS/DESIGN: __Y__N MATERIAL _____
DEFICIENCIES NOTED _____
DISENFECTION REQUIRED __Y__N TYPE _____
COMMENTS _____ PROPERLY INSTALLED __Y__N

DISPOSAL

PUMP TANK (IF USED) TYPE/ _____
MANUFACTURER _____ SIZE _____
HIGH WATER ALARM TYPE _____
DEFICIENCIES NOTED _____ PROPERLY INSTALLED __Y__N

TYPE OF DISPOSAL AREA USED _____
AREA REQUIRED _____ AREA USED _____
MEETS MIN.STANDARDS/DESIGN __Y__N
DEFICIENCIES NOTED _____
COMMENTS _____
GENERAL REMARKS _____

Inspected By: _____ Date: _____
Approved By: _____ Date: _____