

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

REMOVE AND RETAIN THIS PAGE PRIOR TO RETURNING THE APPLICATION TO THE ABOVE ADDRESS

CONVENTIONAL SYSTEMS: \$400.00

ALL OTHER TYPE SYSTEMS FEE: \$600.00

- ☐ Obtain an application from the Designated Representative.
- ☐ Have appropriate individual (Registered Sanitarian, Professional Engineer, or Licensed Installer) perform mandatory soil identification procedure. The DR will need to be contacted if soil identification procedure is conducted by trenching.
- ☐ 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** to the Designated Representative. Include the appropriate fee and **two copies each** of the following: 1) planning materials; 2) site and soil evaluation; 3) Accurate directions to the site must also be included.
- ☐ Plans and application will be reviewed by the Designated Representative.
- ☐ Upon approval, an Authorization to Construct will be issued. The Authorization to Construct is valid for six (6) months.
- ☐ Begin construction. An inspection of the installation is required **before** covering any portion of the system. Contact our office at least **5 working days** in advance to arrange an inspection.
- ☐ After a successful inspection, a Notice of Approval will be issued to the owner within approximately 5 working days.
- ☐ **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 a Notice of Approval will be issued.

**CITY OF WILLOW PARK
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION AND MODIFICATION**

City of Willow Park, Parker County

1. PROPERTY OWNER'S NAME: _____
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: _____
3. DAY TELEPHONE NO.: _____
4. SITE ADDRESS: _____
5. LEGAL DESCRIPTION: Sub-Division. _____ Block. _____ Lot _____
SUBDIVISION: _____
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) _____
11. INSTALLER: _____ REGISTRATION NO: _____
PHONE NO: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization hereby given to the City of Willow Park 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 the TNRCC's commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

12. _____
(SIGNATURE OF OWNER) (DATE)

**CITY OF WILLOW PARK
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

APPLICATION # _____

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL. UNAUTHORIZED CONSTRUCTION CAN RESULT IN DOUBLE PERMIT FEES, 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:

☐ **SEPTIC OR PRETREATMENT TANK**
Tank Dimensions: _____ Liquid Depth (Bottom Of Tank Outlet) _____
Size Required: _____ Size Proposed: _____

☐ **AEROBIC**
Manufacturer: _____ Model #: _____
Size Required: _____ Size Proposed: : _____
Pretreatment Tank: ____ Yes ____ No

☐ **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 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

()
Phone Number

**CITY OF WILLOW PARK
ON-SITE WASTEWATER SYSTEMS CHECKLIST**

OWNER'S NAME _____

PARKER COUNTY

The following information must be included with the design package for review by the City of Willow Park. 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 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 hazards.
 - ☐ 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.
- ☐ 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 structures (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.
 - ☐ G. If surface irrigation, location of nozzles, spray radius, height of spray, etc.

**CITY OF WILLOW PARK
AFFIDAVIT TO THE PUBLIC**

**THE COUNTY OF PARKER*
STATE OF TEXAS***

Before me, the undersigned authority, on this day personally appeared _____ who, after being by me duly sworn, upon oath states that he/she is the owner of record of that certain tract or parcel of land lying and being situated in Parker County, Texas, and being more particularly described as follows:

The undersigned further states that he/she will, upon sale or transfer of the above-described property, request a transfer of the permit to operate such surface application system to the buyer or transferee. Any buyer or transferee is hereby notified that an **ON-GOING MAINTENANCE CONTRACT** with an approved maintenance company is required for use of this system and upon sale will provide buyer with a copy of the On-Site Sewage Facility Maintenance for the system installed.

Signature

Date

WITNESS BY MY HAND on this _____ day of _____, 2001.

Notary Public, State of Texas

Notary's Printed Name: _____

My Commission Expires: _____

Revised 01-25-01