



## Application for On-Site Sewerage Facilities applications@crossroadstx.gov

\_\_\_\_\_ New Installation \_\_\_\_\_ Modification

Date \_\_\_\_\_

1. Property Owner's Name \_\_\_\_\_
2. Site Address \_\_\_\_\_
3. Telephone No. During Day \_\_\_\_\_
4. Builders Name & Address \_\_\_\_\_
5. Property Description: Lot \_\_\_\_\_ Size \_\_\_\_\_ Block \_\_\_\_\_ Sec \_\_\_\_\_
6. Source of Water:  
Private Well \_\_\_\_\_ Public Water Supply \_\_\_\_\_

### TYPE OF DEVELOPMENT

7. Single Family Residence: No of Bedrooms \_\_\_\_\_ Living Area ( sq.ft.) \_\_\_\_\_  
Approximate no. of People to be served by system \_\_\_\_\_
8. Commercial/Institutional (including multi-family residences) Type \_\_\_\_\_
9. Is an organized Sewage Collection within 300 feet \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Person performing Soil Analysis \_\_\_\_\_
11. Designer \_\_\_\_\_ License No. \_\_\_\_\_  
(PEorRS)
12. Installer \_\_\_\_\_ Registration No. \_\_\_\_\_  
Phone Number \_\_\_\_\_

A sketched map of the lot, drawn to scale, showing the size of the lot and the dimensions and location of all existing buildings on the lot which are intended to remain after the final inspection of the septic system is made, shall be included in this application.

*I certify that the above statements are true and correct to the best of my knowledge.*

*Authorization is hereby given to the Town of Cross Roads to enter upon the above described private property for the purpose of lot evaluation and inspection of on-site sewerage facilities. I understand that the approval of this application constitutes authorization for construction of the on-site sewerage facilities 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 " Construction Standards For On-Site Sewerage Facilities".*

Owner's Signature and Date Signed



## ON-SITE SEWERAGE FACILITY TECHNICAL INFORMATION

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.**  
**UNAUTHORIZED CONSTRUCTION CAN RESULT IN A HIGHER PERMIT FEE OF**  
**CIVIL/ADMINISTRATIVE PENALTIES.**

Owners Name: \_\_\_\_\_ County: \_\_\_\_\_

PROFESSIONAL DESIGN REQUIRED: \_\_\_\_\_ YES \_\_\_\_\_ NO  
(If yes professional design attached \_\_\_\_\_ YES \_\_\_\_\_ NO)

SEWER (House Drain); Type and Size pipe: \_\_\_\_\_ Slope of sewer pipe to tank \_\_\_\_\_.

### SEPTIC TANK:

- A. TYPE? (check one) Two-Compartment \_\_\_\_\_ Two Singles in series Tank Construction material \_\_\_\_\_  
B. INTERNAL DIMENSIONS: Round tank diameter \_\_\_\_\_ liquid penetration depth-inlet \_\_\_\_\_  
Liquid depth (bottom of tank to outlet) \_\_\_\_\_ Liquid penetration depth-outlet \_\_\_\_\_  
Rectangle tank length/width \_\_\_\_\_.  
C. CAPACITY: Size required \_\_\_\_\_ Proposed \_\_\_\_\_

### SOIL TEST:

**NOTE INFORMATION WORKSHEET MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.**

Perk Rate \_\_\_\_\_ Soil type \_\_\_\_\_ Performed by \_\_\_\_\_ Ph No. \_\_\_\_\_

### DISPOSAL AREA:

Type \_\_\_\_\_ Minimum area required \_\_\_\_\_ Trench width or bed size \_\_\_\_\_  
Distance between trenches/beds \_\_\_\_\_ Type and Size of media \_\_\_\_\_  
Type and Diameter of pipe \_\_\_\_\_ Type of barrier \_\_\_\_\_ Trench Depth \_\_\_\_\_

### PLOT PLAN:

**NOTE: THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.**

**Two copies of the plans & plats are required. These plans & plats MUST include the following.**

- |   |  |   |
|---|--|---|
| 1. Owner's Name                                   | 2. Lot Size  | 3. Property Lines   |
| 4. Septic Tank (s) Location                       | 5. Trench and/or Bed Locations                             | 6. SEE (Length, width, and square footage)<br>Bed or Trench Drain Field |
| 7. Location of Clean Outs                         | 8. Water Wells, Including neighbors wet is within 150 feet |   |
| 9. The following linear distances, if applicable. | 10. Other, as Required                                     |   |

FROM:	TO:	SEPTIC TANK	DISPOSAL FIELD
Water wells, underground cisterns/pump suction pipes		_____	_____
Water supply lines and property lines		_____	_____
Streams, ponds, and lakes		_____	_____
Sharp slopes and breaks		_____	_____
Foundation, structures & surface improvements		_____	_____
Disposal field's		_____	_____
Swimming Pools		_____	_____

Date visited: \_\_\_\_\_

3201 US HWY 380 Ste.105  
Cross Roads, TX 76227  
940-365-9693  
CrossRoadsTX.gov



## **ON-SITE WASTEWATER SYSTEMS CHECKLIST for PROFESSIONALLY DESIGNED SYSTEMS**

The following information must be included with the design package for review by the Town of Cross Roads. Failure to include or address all of the following items may result in approval delays.

1. Plans and reports must bear a signed and dated seal of the responsible registered engineer or Sanitation. The address and telephone number of this person must also be included in the submittals.
2. A report must be included in the submittals containing the following information.
  - A.\_\_\_\_ Base of design.
  - B.\_\_\_\_ Soil analysis and percolation test results.
  - C.\_\_\_\_ System flow diagram and sizing calculations.
  - D.\_\_\_\_ Material specifications and
  - E.\_\_\_\_ Size and model of approved aerobic system(if used).
3. Construction drawing must include the following information.
  - A.\_\_\_\_ A scaled, legible site plan with boundary description.
  - B.\_\_\_\_ The location of all buildings(existing or proposed) on the site plan.
  - C.\_\_\_\_ The location of the wastewater treatment units and disposal area.
  - D.\_\_\_\_ Buffer zones and water wells must be identified and located on the site plan.
  - E.\_\_\_\_ The site plan must also include topographical contours for slopes greater than 15 percent.
  - F.\_\_\_\_ Easements and bodies of water (lakes,streams,ponds) must also be identified
4. Additional requirements for aerobic systems with surface irrigation disposal.
  - A.\_\_\_\_ Two-year maintenance agreement.
  - B.\_\_\_\_ A copy of the Affidavit and documentation that same has been recorded by the County Clerk.
- 5.Request for inspection to be called into Town Hall 940-365-9693.

\_\_\_\_\_  
Designer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designer Printed Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

( Designer's Seal)



## AFFIDAVIT TO THE PUBLIC

THE COUNTY OF DENTON  
STATE OF TEXAS

According to Texas Commission on Environmental Quality Rules for On-Site Sewage 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 (TCEQ) to regulate on-site sewage facilities (OSSF's). Additionally, the Texas Water Code (TWC) Section 5.012 and Section 5.013, gives the TCEQ 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 TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSF's 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 of Cross Roads, Texas. This recorded affidavit is not a representation of a 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 (insert legal description):

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

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The 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 for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

The owner will, upon sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the DFW Region Office.

WITNESS BY HAND(S) ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

OWNER(S) SIGNATURE: \_\_\_\_\_

Sworn and subscribed before me on this \_\_\_\_\_ day of 20\_\_\_\_\_

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Notary Public, State of Texas

Notary's Printed Name: \_\_\_\_\_

My Commission Expires \_\_\_\_\_



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