

**JONES COUNTY ON-SITE SEWAGE PERMIT
JONES COUNTY
P.O. BOX 148
ANSON, TEXAS 79501**

PROCEDURE FOR ON-SITE SEWAGE FACILITY

APPLICATION, CONSTRUCTION, AND LICENSE TO OPERATE

1. The owner must fill out applications and pay required fees for on-site sewage facilities.
2. The site evaluator will make an evaluation and issue specification requirements of the on-site evaluation and issue specification requirements for the on-site facility.
3. The installer must submit to Jones County the completed Installer Checklist and a Plot Plan based on the specifications required from the site evaluation. After the information is reviewed and approved, a PERMIT TO CONSTRUCT is issued, the on-site sewage facility may not begin before this permit is issued.
4. Once the PERMIT TO CONSTRUCT is issued, the on-site sewage facility may be installed ONLY according to the approved plan design.
5. After final inspection by Jones County, the property owner will be issued a LICENSE TO OPERATE the on-site sewage facility.
6. Any system installation other than a standard absorption system will require that an Affidavit To The Public be filed on the property owner's deed before a License to Operate the system will be issued.
7. The final grade shall be covered with vegetation fully capable of providing maximum transpiration. Evergreen bushes having shallow root systems may be planted in the drain-field to assist in water uptake. Grasses with dormant periods shall be over-seeded to provide year-round transpiration.

**JONES COUNTY
APPLICATION FOR ON-SITE SEWAGE FACILITY**

Property owner's name: _____
(Last) (First) (Middle)

1. Permanent Mailing Address: _____

2. Telephone: Home: _____ Work: _____

3. Site Address: _____

4. Legal Description: Sec. _____ Block _____ Lot _____ Date _____

Subdivision: _____ Acreage _____ Survey _____

5. Source of Water: Private well _____ Public Water Supply _____
(Name of Supplier)

6. Single Family Residence:

Number of Bedrooms _____ Number of Bathrooms _____
Living area _____ Square feet _____

7. Commercial/Institutional (including multi-family residences) Type: _____

of Employees/Occupants/Units _____ Days Occupied Per Week _____

8. Site Evaluator: _____ Certification No. _____

9. Designer: _____ License No. (PE or RS) _____

Phone No: _____

10. 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 Jones County 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 this commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

11. _____
(Signature of Owner) (Date)

**JONES COUNTY ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL

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 (tank bottom to outlet) _____

Size required: _____ Size proposed: _____

B. AEROBIC

Manufacturer: _____ Model #: _____

Size required: _____ Size proposed: _____

Pretreatment tank: yes _____ no _____

C. 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

VI. FEES:

Permit Application Fee \$275.00

Commercial Application Fee \$325.00

TDH Research Fee \$10.00

TDH Research Fee \$10.00

TOTAL FEE \$285.00

TOTAL FEE \$335.00

This application is valid for one year from the date of issue. Should construction of the on-site Sewage facility not begin during this period a new application must be obtained and an additional fee will be charged.

Date: _____

Site Evaluation Number: _____

Applicant Information:

Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Phone: _____ Fax: _____

Site Evaluator Information:

Name: _____
Company: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Phone: _____ Fax: _____

Property Location:

Lot _____ Block _____ Subdivision _____
Street/Road Address _____
County _____ Unincorporated Area? Y or N _____
City _____ Zip Code _____
Additional Information _____

Installer Information:

Name: _____
Company: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Phone: _____ Fax: _____

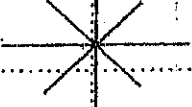
Schematic of Lot or Tract

Show:

- Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and other surface improvements where known (drainage, patios, sidewalks).
- Location of existing or proposed water wells within 150 feet of property.
- Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil absorption or irrigation area.
- Location of soil borings or dug pits (show location with respect to a known reference point).
- Location of natural, constructed, or proposed drainage ways, (streams, ponds, lakes, rivers, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size: _____ acres

Compass North



Site Drawing
Scale: 1 inch = 50 feet
Note type of vegetation on lot

Features of Site Area

Presence of 100 year flood zone	Yes _____	No _____
Presence of adjacent ponds, streams, water impoundments	Yes _____	No _____
Existing or proposed water well in nearby area	Yes _____	No _____
Organized sewage service available to lot or tract	Yes _____	No _____

Site Evaluator:

Name: _____ Signature: _____ License No: _____
(Circle one: RS, PE, DR, Installer II)

On-Site Sewerage Facility Soil Evaluation Report Information

Date Soil Survey Performed: _____

Site Location: _____

County: _____

Proposed Excavation Depth: _____

Name of Site Evaluator: _____

Registration Number: _____

Requirements:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.

Locations of soil boring or dug pits must be shown on the site drawing.

For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

Soil Boring Number _____						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 1 2 3 4 5						

Soil Boring Number _____						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 1 2 3 4 5						

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

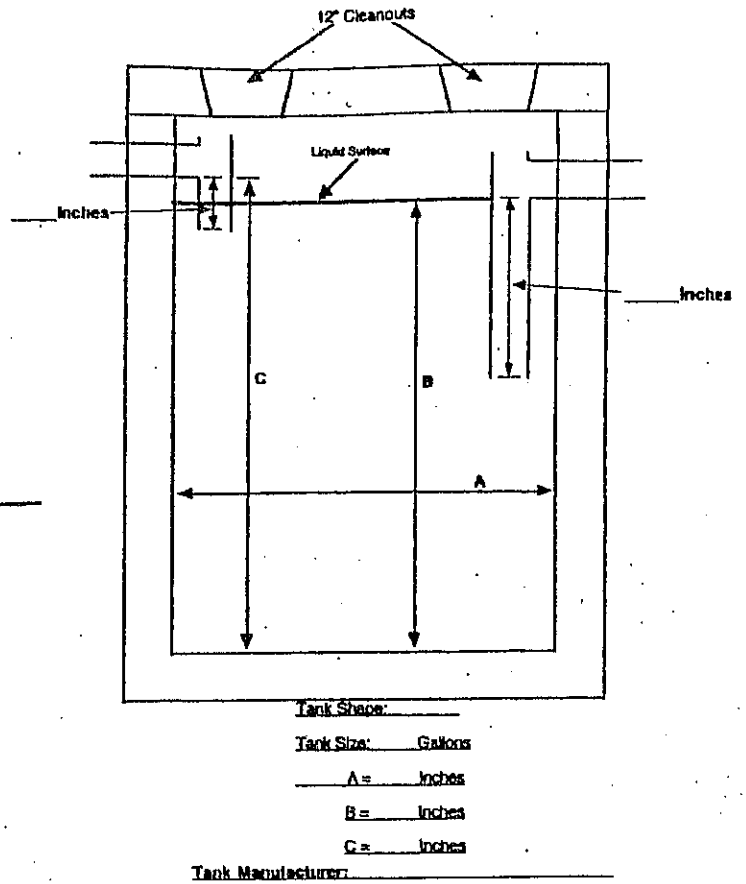
Signature of Site Evaluator

Date

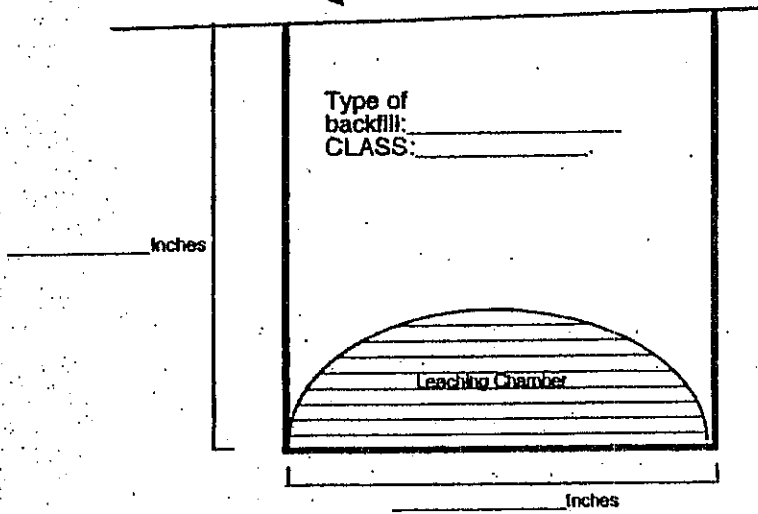
**ON-SITE SEWAGE FACILITY PROGRAM
CONVENTIONAL SYSTEM INSPECTION REPORT**

PROPERTY OWNER(S):						INSTALLER:								
MAILING ADDRESS:														
PERMIT #:						CERTIFICATION #:								
I. SEWER												Y	N	
CLEANOUTS PROPERLY INSTALLED														
PROPER TYPE PIPE FROM STRUCTURE TO DISPOSAL SYSTEM														
SLOPE OF SEWER 1/8 INCH PER FOOT														
II. SEPTIC TANK												Y	N	
TANK SIZE REQUIRED						TANK SIZE INSTALLED						**	**	
TYPE		SERIAL NUMBER				MANUFACTURER						**	**	
RISERS PROVIDED ON TANKS BURIED GREATER THAN 12 INCHES														
INLET FLOWLINE GREATER THAN 3 INCHES ABOVE OUTLET FLOWLINE														
INLET LIQUID PENETRATION GREATER THAN 6 INCHES														
OUTLET LIQUID PENETRATION 1/4 TO 1/2 TOTAL LIQUID DEPTH														
" T " PROVIDED ON INLET AND OUTLET														
IF SINGLE TANK, ARE TWO COMPARTMENTS PROVIDED?														
III. DRAINFIELD												Y	N	
TYPE: _____ 4" PVC/GRAVEL _____ 8" OR 10" GRAVELLESS _____ LEACHING CHAMBER												**	**	
AREA REQUIRED						AREA INSTALLED						**	**	
EXCAVATION: WIDTH		DEPTH											**	**
DISTANCE BETWEEN TRENCHES												**	**	
TYPE OF MEDIA USED												**	**	
DEPTH OF MEDIA												**	**	
EXCAVATION BOTTOM AT LEAST 12" LOWER THAN OUTLET FLOWLINE														
EXCAVATION 150 FEET LONG OR LESS														
EXCAVATION/PIPE LEVEL														
ENDCAPS IN PLACE														
PROPER BARRIER BETWEEN GRAVEL AND BACKFILL						TYPE BARRIER USED								
IF GRAVELLESS PIPE USED, IS FABRIC COVER IN PLACE?														
ARE MINIMUM REQUIRED SET-BACK DISTANCES MET? IF NOT, LIST DEFICIENCIES														
COMMENTS:														
INSPECTED BY:						DATE:								
APPROVED BY:						DATE:								

SEPTIC TANK SCHEDULE
(NO SCALE).

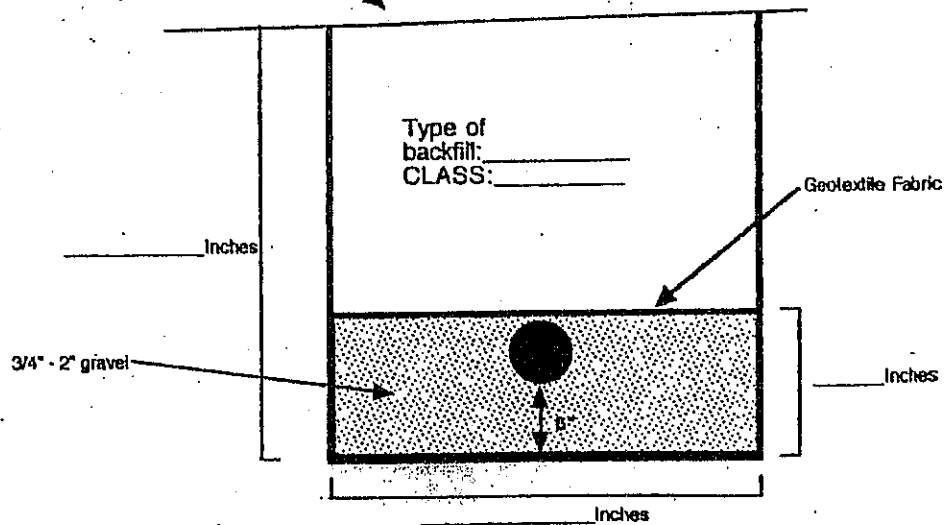


Ground Surface



TYPICAL TRENCH CROSS SECTION - LEACHING CHAMBER - NO SCALE

Ground Surface



TYPICAL TRENCH CROSS SECTION - 4" PIPE AND GRAVEL - NO SCALE

**JONES COUNTY
NOTICE OF APPROVAL
OF ON-SITE SEWAGE FACILITY**

**PERMIT# _____
(Please refer to this permit # when making inquires)**

Property Owner _____

Mailing Address _____

Property Location _____

_____ County, Texas

This serves to notify all persons that the on-site sewage facility owned by the above has satisfied design, construction, and installation requirements of Jones County. This Jones County on-site sewage facility permit is issued for the operation of the above identified on-site facility.

ANY MODIFICATIONS TO THE STRUCTURE, SYSTEM COMPONENTS, OR CHANGES OF OWNERSHIP MAY REQUIRE A NEW PERMIT. The owner must notify this office of the aforementioned changes.

ADDITIONAL INFORMATION:

Inspector _____

Date _____