



COUNTY OF JIM WELLS

STATE OF TEXAS

SAFETY & INSPECTION DEPT.

200 N. Almond St. Alice, TX 78332
361/668-1018 361/668-1653 fax

PROCEDURE FOR OBTAINING AN ON-SITE SEWERAGE FACILITY:

\$260.00 fee ~ All OSSF Permits

- Obtain an application from the Jim Wells County Safety & Inspection Dept.
- Have appropriate individual (Professional Engineer or Site Evaluator) perform mandatory soil and site evaluation procedure. Which must be included when submitting permit application.
- Have appropriate individual prepare planning materials. Professional design (R.S. or P.E.) is required for proprietary and non-standard systems.
- Submit **COMPLETED** application and technical information sheet (in property owners name) with all pages intact. Include the appropriate fee (Check or Money Order) and the following:
 - 1.) Planning materials; 2.) Site and soil evaluation; 3.) Completed application form; 4.) Legal description of property and 5.) Directions to site if needed.
- Designated Representative will review plans and application. Texas Commission on Environmental Quality (TCEQ) staff in Corpus Christi may review non-standard system plans.
- Upon approval an **Authorization to Construct** will be issued. The authorization to construct is valid for one year from the date of issuance.
- An inspection of the installation is required **before** covering the system. Contact our office at least **2 working days** in advance to arrange inspection.
- Your system will **not** be legal until all paperwork and construction requirements are met. After a successful inspection, a copy of the completed permit application, a certificate to operate and other information will be mailed to the property owner.

These forms need to be submitted to the Jim Wells County Safety & Inspection Department with the appropriate fee for approval. The County's Designated Representative will review plans and application. Once approved, a permit to construct will be issued. Any person violating these rules as adopted by the Commissioners Court of Jim Wells County is guilty of a misdemeanor upon conviction. Each day that a violation occurs constitutes a separate offense. Any information found to be falsified regarding the system, will be turned over to the JWC Attorney to pursue any legal action regarding non-compliance.

I have read the rules and agree to comply with them.

Owner's Signature

Jim Wells County Safety and Inspection Dept.
(361) 668-1018 Fax (361) 668-1653
ON-SITE SEWAGE FACILITY APPLICATION

Print Only:

Property Owner: Name _____
 (Last) (First) (Middle)

Mailing Address: _____ Zip _____ Phone () _____
 City/State

Site Address: _____ Zip _____ Lat. _____ Long. _____
 City/State

Application: New System Modification With Water Softener Metes and Bounds

Legal Description: Lot: _____ Block: _____ Unit: _____ Subdivision: _____ Plat Date: _____

Other Than Subdivision: Acreage: _____ Survey Name: _____ Vol: _____ Page: _____

Installer: _____ License # _____ Phone () _____

Designer/Site Evaluator: _____ License # _____ Phone () _____

1. Drawings showing location and dimensions of site, location, type, sizes, separation distance and layout dimensions of proposed system component, type of soil _____ Show location of water wells including neighboring wells.

Source of Water: Private Well Community Well Public Water Supply : _____
 (Name of Supplier)

Description of system:

Grave-less _____ Ft. E-Z Flow _____ Ft. MPS-11 _____ Ft. MPS-13 _____ Ft. Chamber _____ Ft.
 LPD or Pump Effluent _____ Ft. Standard Gravel _____ Ft. Other: _____

System to Serve:

Single Family Residence: No. of Bedrooms: _____ G.P.D. / Q = _____ Living Area (ft.) _____ Sq. Ft.

Commercial/Institutional (including multi-family residences) G.P.D./ Q = _____ Type: _____ Sq. Ft.

No. of Employees/Occupants/Units: _____ Day Occupied per week: _____ Lot size _____ Acres

Flood Zone: Yes No.

The Site lies in the 100 yrs flood plain zone: _____, Community panel Number 481258- _____, the owner of the system is hereby advised to leave all tanks associated with the system filled with liquid to avoid damage if the site is inundated by flood waters. The use of the system should be discontinued during time the effluent disposal area is covered with water.

Applicant is required to submit a Non-Refundable Application Fee: \$260.00

In making this application, the applicant/owner agrees to comply with all state and local rules, ordinances, Standards and laws pertaining to On-Site Sewage Disposal Facilities. Authorization is hereby given to the Jim Wells County Safety Dept. to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility. After final inspection a permit to operate the facility will be granted, which indicates that the system was installed in compliance with the county adopted T.C.E.Q On-Site Sewage Facility Rules TAC 30, Chapter 285.

 Property Owner/Applicants Signature Date: _____

For official use only: Fee: _____	Rec'd by: _____	Date: _____	Check #: _____
After Hours/Holiday Inspection Fee: _____	Rec'd by: _____	Date: _____	Check #: _____
Ossf Rec. # _____	After Hours Ossf Rec. # _____		Permit No. _____
Permit to Construct Approved By: _____		Inspector	Date: _____
Permit to Operate Approved By: _____		Inspector	Date: _____

**On-Site Sewage Facility
Soil Evaluation**

Date Performed: _____

Application # _____

Site Location / 911 / address: _____ Zip: _____

Print/Site Evaluator Name: _____ License # _____

Requirements: At least two soil excavation must be performed on the site, at opposite ends if the 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(2') 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	Textural Class	Structure (if applicable)	Drainage (mottles/water table)	Restrictive Horizon	Observations
0 _____					
1 _____					
2 _____					
3 _____					
4 _____					
5 _____					

Soil Boring Number _____					
Depth Feet	Textural Class	Structure (if applicable)	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: _____

Schematic of lot or Tract

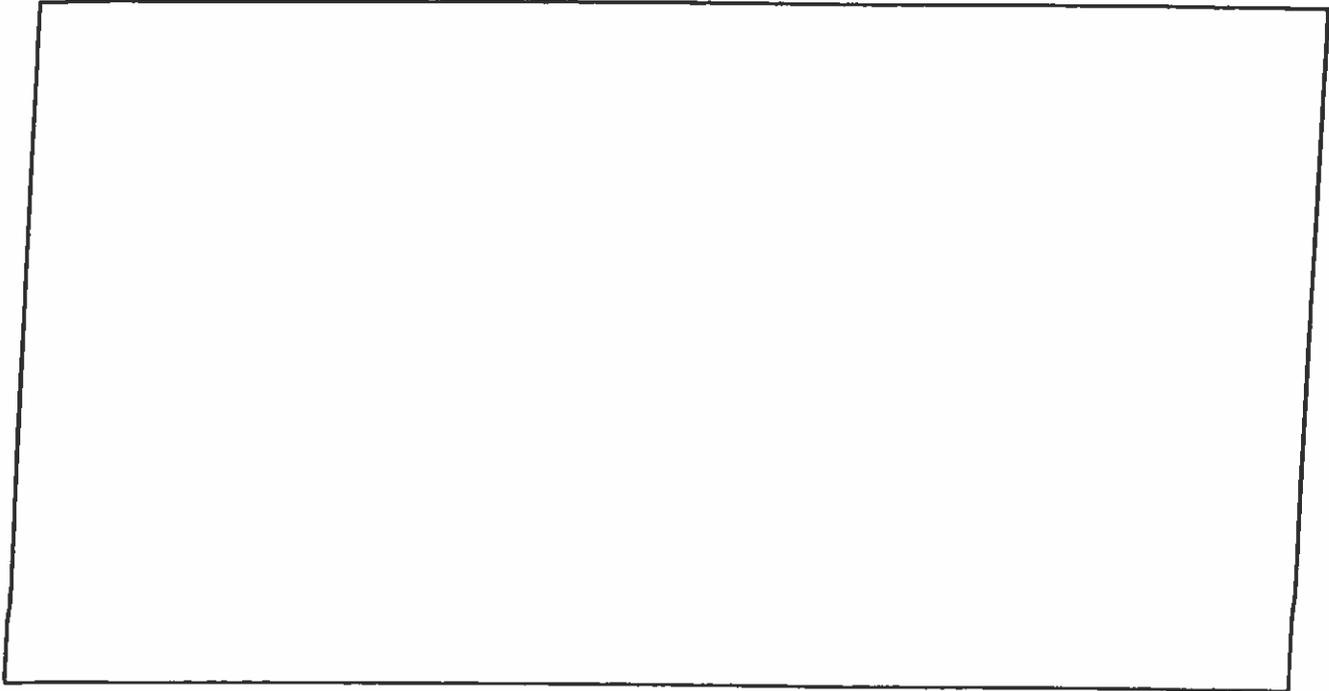
Application # _____

Show: Compass: North, adjacent streets, properties lines, property dimensions, location of building, easements swimming pools, water lines, and other structures where known. **Location** of existing or proposed water wells within 150 feet of property . **Indicated** slope or provide contour lines from the structures to the farthest location of the proposed soil absorption or irrigation area. **Location** of soil boring or dug pits (show location with respect to a known reference pointy). **Location** of natural, constructed, or proposed drainage ways, (streams, ponds, lakes, rivers, high tide of salt water bodies). Water impoundment areas, cut or fill band, sharp slopes and breaks.

Site Drawing

Scale: 1 inch = 50 ft.

Lot Size: _____ acre



Signature of Site Evaluator

License #

Date

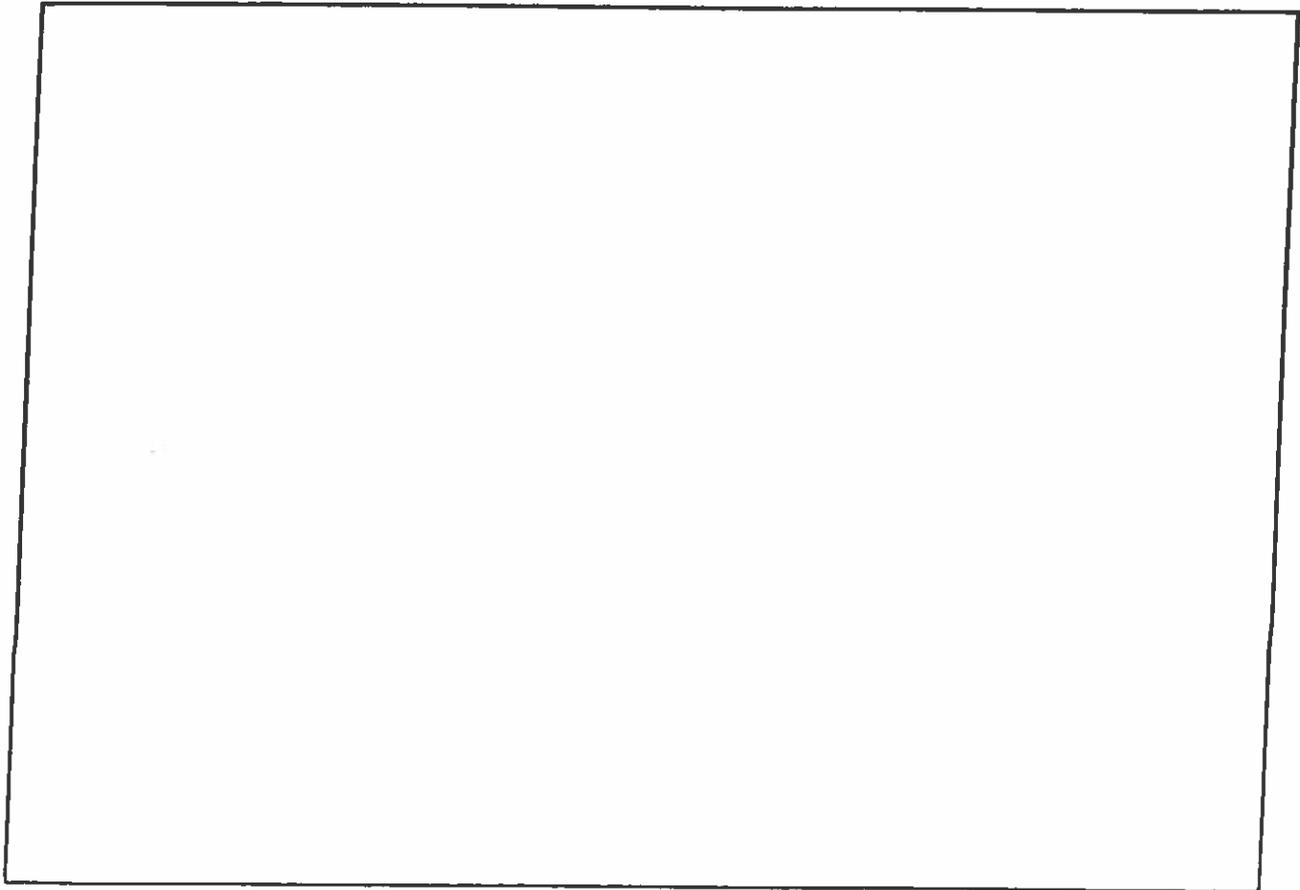
Jim Wells County OSSF Dept.

Date: _____

Permit # : _____

Notice to Property Owner

Your on-site sewage system will be installed in a potential flood zone. The site lies in the 100 year flood plain zone _____, the owner of the system is hereby advised to leave all the tanks associated with the system filled with liquid to avoid damage if the site is inundated by flood waters. In addition, the use of the system should be discontinued during times the effluent disposal area is covered with water.



*To Be Turn in before permit is issued.