



# ON-SITE SEWERAGE FACILITY

## OWNER INFORMATION

Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## LOCATION OF CONSTRUCTION

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## LOCATION OF PROPERTY IF LOCATED IN SUBDIVISION

Subdivision Name: \_\_\_\_\_  
Section number: \_\_\_\_\_ Block number: \_\_\_\_\_ Lot number: \_\_\_\_\_ Acreage/Tract size: \_\_\_\_\_  
Water Source Information: \_\_\_\_\_

## DESCRIPTION OF DWELLING TO BE SERVED

Single Family       Multi-Family       Commercial/Institutional       Other: \_\_\_\_\_  
Dwelling: \_\_\_\_\_ Living Area: \_\_\_\_\_  
Number of bedrooms: \_\_\_\_\_ Number of occupants: \_\_\_\_\_ Days per week occupied: \_\_\_\_\_  
Maximum Daily Water Consumption (gpd): \_\_\_\_\_

## TYPE OF SEWERAGE SYSTEM APPLIED FOR: (check one)

Subsurface Disposal (laterals in trench)       Aerobic Treatment Unit with Surface Application       Leaching Chambers  
 Evapotranspiration Bed       Other: \_\_\_\_\_

## INSTALLER INFORMATION

Certificate Number/ TCEQ OSSF Number: \_\_\_\_\_  
Installers Name: \_\_\_\_\_ Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## ENGINEER OR SANITARIAN

Certificate Number/ TCEQ OSSF Number: \_\_\_\_\_  
Installers Name: \_\_\_\_\_ Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## SITE EVALUATOR

Certificate Number/ TCEQ OSSF Number: \_\_\_\_\_  
Installers Name: \_\_\_\_\_ Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_



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## SOIL AND SITE EVALUATION

This application will not be processed unless a copy of a valid site evaluation performed in the area where each septic system is to be installed is included with the application. In addition, a site plan giving the following information must be provided for a complete application. The site plan does not have to be drawn to scale (except where applicable in 30 TAC 285), but must show accurately measured distances. Please include address and legal description on the site plan.

- Size of the lot and the dimensions and locations of all existing or proposed buildings.
- Location of septic tanks and drain field (a 5,000 sqft. area should be reserved for this purpose).
- Distance to the nearest water well.
- Distance to any pond, creeks, rivers or drainage ditches.
- Location of potable water lines, areas with slopes greater than 15%, and easements.
- Location of any part of the lot which is in the flood plain as identified on the Denton County Flood Insurance Rate Maps.
- All Separation distances identified in site plan.
- All plans can be emailed, in pdf format, to Lora Hutchings: [lhutchings@town.northlake.tx.us](mailto:lhutchings@town.northlake.tx.us).

## APPLICANT INFORMATION

Applicant is:  Owner  Contractor  Other: \_\_\_\_\_

*I have carefully examined the completed application and know the same to be true and correct, and hereby agree to comply with all applicable Ordinances of the Town of Northlake whether herein specified or not. I, the undersigned, do hereby certify that I am the authorized agent/contractor/owner of the property above described and that I am applying for this permit at the request and with the permission of the same. I authorize the Building Inspector to enter my property to complete any inspections necessary in conjunction with the issuance of the permit.*

Applicant Name (print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMIT AND INSPECTION INFORMATION

Permits are subject to all applicable codes and ordinances of the Town of Northlake. The following codes (and amendments) have been adopted by the Town: 2006 International Building Code (IBC), 2006 International Residential Code (IRC), 2006 International Mechanical Code (IMC), 2009 International Plumbing Code (IPC), 2006 International Energy Conservation Code (IECC), 2006 International Fuel Gas Code (IFGC), 2009 International Fire Code (IFC), and 2005 National Electrical Code (NEC). Please call all inspections in to Eric Tamayo (940) 465-1664, Public Works Director.

**Note:** Do NOT start OSSF construction until a permit to construct has been issued by the designated representative.

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## \*\*FOR OFFICE USE ONLY\*\*

Stamp Received
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Permit #: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Total Fee Paid: \_\_\_\_\_

Receipt#: \_\_\_\_\_

Revenue Account #: 200-46070-00-00 SEPTC



# ON-SITE SEWERAGE FACILITY

TOWN OF NORTHLAKE  
THE COUNTY OF DENTON  
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 that certain tract or parcel of land lying and being situated in the Town of Northlake, Denton County, Texas, and being more particularly described as follows:

Legal Description:

\_\_\_\_\_

Street Address: \_\_\_\_\_

The undersigned further states that he/she will, upon any sale or transfer of the above-described property, request a transfer of the permit for the on-site sewage facility to the buyer or transferee. Any buyer or transferee is hereby notified that an on-site sewage system requiring maintenance is located on this property, a maintenance contract with an approved maintenance company will be required for use of the system and all maintenance on the OSSF must be performed by an approved maintenance company. A copy of a valid contract with an approved maintenance company will need to be submitted to the Town of Northlake within 30 days after the property has been transferred. A copy of the planning materials for the on-site sewage facility can be obtained from the Town of Northlake.

WITNESS MY/OUR HAND(S) ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_ (Home owner(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Notary Public, State of Texas

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