

210 Lufkin Ave Lufkin, TX 75901 Phone: (936) 632-7795 FAX: (936) 632-2564

ANRA USE ONLY Application Number Date Received Amount Check # Receipt # Date Data Entered Data Entry Completed by Site Plan Approved Pick-up/Mail Permit to Construct Date License Issued

FORM ID#: ANRA-OSSF Revision Date: 01/12/2011

Approved by: JBS

APPLICATION FOR PERMIT TO CONSTRUCT AN ON-SITE SEWAGE FACILITY (OSSF)

County: Latitude: Longitude:	Name:	First		Middle		Last	
Fax: (Mailing Address:	Stre	eet / P.O. Box	City		ST	Zip
PROPERTY INFORMATION Property Address: Street City ST Zip County: Latitude: If Known LEGAL DESCRIPTION OF PROPERTY Subdivision: Section: Block: Volume: Page: Tax #: Acres: or Lot Size:			()		(
Street City ST Zip	=ax: <u>(</u>)		Email:				
Latitude: Longitude: Longitude: Longitude: If Known If	PROPERTY II	NFORMA	TION				
Subdivision:							
Subdivision:	Property Address:	:Stre	eet	City		ST	Zip
Section:		Stre	eet	City		ude:	
Document: Volume: Page: Tax #: or Lot Size:	County:	Stra	eet Latitude:	City If Known		ude:	
Tax #: Acres: or Lot Size:	County:	RIPTION	Latitude: OF PROPE	If Known	_ Longitu	ude:	Known
	County: LEGAL DESCI Subdivision:	RIPTION	Latitude: OF PROPE	If Known	_ Longitu	ude:	Known
Brief Description of Property Location:	County: LEGAL DESCI Subdivision: Section:	RIPTION	Latitude: OF PROPE Block:	City If Known RTY Lo	_ Longitu	ude:	Known
	County: LEGAL DESCI Subdivision: Section: Document:	RIPTION	CF PROPE Block: Volume:	City If Known RTY Lo	_ Longitu t:	ude:	Known
	County: LEGAL DESCI Subdivision: Section: Document: Tax #:	RIPTION	Latitude: OF PROPE Block: Volume: Acres:	City If Known RTY Lo	_ Longitu t:	ude:	Known
	County: LEGAL DESCI Subdivision: Section: Document: Tax #:	RIPTION	Latitude: OF PROPE Block: Volume: Acres:	City If Known RTY Lo	_ Longitu t:	ude:	Known

STRUCTURE/DWELLING INFORMATION	
FACILITY TYPE Single Family Residence Multi-Family Comme	rcial Other (specify):
Living Area (Square Feet): Water-Saving Toilets?	☐ Yes ☐ No # Toilets:
Number of People: Water Softener?	☐ Yes ☐ No # Urinals:
Number of Bedrooms:	# Lavatories:
If Seasonal, months in use:	# Showers:
Year Structure Built:	# Bathtubs:
Is this a Rental Property?	# Dishwashers:
	# Clothes washers:
WATER SUPPLY TYPE Private Water Well Public Water Supply	# In-Sink Grinders:
Name of Public Water Supply:	# Hot Tubs:
	Capacity of Hot Tubs (gal):
ONL CITE CENNACE FACILITY DECICNED (INICTALLED CONT	A CT INITODA ATION
ON-SITE SEWAGE FACILITY DESIGNER/INSTALLER CONTA	
SYSTEM DESIGNER Name:	_ Phone #: ()
SYSTEM INSTALLER Name:	_ Phone #: ()
SPECIFICATIONS ARE VALID FOR 1 YEAR FROM DATE OF APPLICATION	
NO REFUNDS AFTER 5 DAY GRACE PERIOD AND NO REFUNDS AFTER PER	MIT HAS BEEN ISSUED
ANRA is not responsible for improperly marked US Army Corps of Enginee hidden water wells.	ers lines, high water lines, property lines, or
Authorization is hereby given to enter the above described property during daylig evaluation, inspecting installed systems, conducting performance inspections as reason consistent with the water quality programs of the Angelina & Neches Rive	equired by the State of Texas, or for any
Owner Signature:	Date:

Please provide written directions and/or a map to the property, providing sufficient details for an Inspector to locate the property for a site visit. If providing a map, please label major roads or landmarks. It is acceptable to attach directions and/or maps from internet sources (Google Maps, Mapquest, etc.).

MAP AND/OR DIRECTIONS TO PROPERTY



LICENSING AN ON-SITE SEWAGE FACILITY WITH ANRA AEROBIC TREATMENT SYSTEMS INFORMATION SHEET

To operate an on-site aerobic system, with above ground sprinkler system, a special license is required. This license is issued by the Angelina & Neches River Authority (ANRA) under the authority of the Texas Commission on Environmental Quality (TCEQ).

Licensing requirements are as follows:

- 1. On new installations a completed application, affidavit to the public, and an approved site design must be received and fees paid before a permit to construct can be issued.
- 2. A permit to construct must be issued by ANRA before any construction can begin.
- 3. Only aerobic treatment plants approved by the TCEQ may be installed. These systems will include an initial service policy for the first two years. After the initial two year service policy expires, renewal will be optional on a year to year basis.
- 4. A service policy must be issued by a certified installer and contain these minimum features:
 - a. An inspection/service call, every four months, which includes inspection, adjustment and servicing of the mechanical and electrical component parts to ensure proper function.
 - b. An effluent quality inspection consisting of visual check for color, turbidity, scum overflow, and an examination for odors.
 - c. If any improper operation is observed, which cannot be corrected at the time of the inspection, the owner shall be notified immediately in writing of the conditions and the estimated date of correction. A minimum service policy covers only minor adjustments and repairs due to the normal operations of the system. Specific warranty, replacement cost of major components, and service beyond the minimum features should be discussed with the dealer prior to installation. Damage to the system is the sole responsibility of the owner/operator.
 - d. The warranty usually does not cover labor cost.
- 5. Individuals issuing service policies must meet standards adopted by ANRA under the authority of TCEQ.
- 6. To maintain your license each year, the owner/operator must have on file with ANRA the following:
 - 1. Proof of an acceptable service policy by the qualified individual
 - 2. A copy of the results of each on-site inspection performed by the individual issuing the service policy.
- 7. A license to operate may be revoked if the system is not being operated or maintained according to state standards, or because of failure to submit proof of an acceptable service policy with a qualified individual, or because of failure to submit proof of the required inspections. Operating an aerobic home treatment system without a valid license is illegal and appropriate legal action will be taken to enforce compliance.
- 8. ANRA may invoke stricter rules governing these systems. The responsibility to meet all requirements for licensing and operation lies solely with the owner/operator of the system.

I agree to meet all licensing and operation requirements.		
Signature	Date	



THE COUNTY OF _____*

LICENSING AN AEROBIC ON-SITE SEWAGE FACILITY WITH ANRA

AFFIDAVIT TO THE PUBLIC

STATE OF TEXAS	*				
CERTIFICATION OF OSSF REQUIRING	MAINTENAN	NCE AND FOR	AN OSSF LOCA	TED ON TWO OR N	ORE TRACTS OF LAND
According to Texas Commission o in the Deed Records of			•	-Site Sewage Facilitie	s, this document is filed
		ı			
The Texas Health and Safety Code site sewage facilities (OSSFs). Additionally for implementing the laws of the State of under the TWC. The TCEQ, under the auth to the public that certain types of OSSFs arecording. Additionally, the owner must p not a representation or warranty by the TC appropriate OSSF was installed.	the Texas W Texas relating nority of the Te Te located on rovide proof	ater Code (TWC to water and action to water and the Text specific pieces of the recording), § 5.012 and § dopting rules ne cas Health and S of property. To a to the OSSF pe	5.013, gives the TCEO cessary to carry out in a fety Code, requires echieve this notice, the rmitting authority.	Q primary responsibility ts powers and duties owner's to provide notice ne TCEQ requires a deed nis deed certification is
		II			
An OSSF requiring a maintenance		cording to 30 Tex			will be installed on the
property described as (insert legal descrip					
And/Or Volume Number, Page	Number	Acre	Amount	Number	
Or Subdivision Name		Block Number_	and Lot	Number	_ ·
		III			
Restrictive W	ater Use	Required -	Not Required	d (Circle One)	
This OSSF requires limitations of water use					
The reduced gallons per day will calculate			spray are	a to be covered.	
The amount of water use per day is not to	exceed such	requirements.			
The property is owned by				_	
If residential, this OSSF shall be covered by policy, the owner of an aerobic treatment personally. If commercial, this OSSF shall I	system shall	either obtain a r	maintenance cor	ntract within 30 days	or maintain the system
TSS, BOD and Fecal Coliform. Upon sale of				•	
the new owner. A copy of the planning ma					
each tract's property deed affected by the be sold separately.	OSSF. If this (OSSF is located of	on two or more	separate legal tracts	of land, the tracts cannot
WITNESS BY HAND(S) ON THISDA	Y OF	.20			
(-, -				(Owner(s) sig	inature(s))
SWORN TO BY	AND SUBSC	RIBED BEFORE I	ME ON THIS	DAY OF	,20 .
SWORN TO BY(Homeowner)	_				·
·					
Notary Public, State of Texas		My Com	mission Expires		
		, 65111	Joioi. Expired		



THE COUNTY OF _____*

LICENSING AN AEROBIC ON-SITE SEWAGE FACILITY WITH ANRA

AFFIDAVIT TO THE PUBLIC

STATE OF TEXAS	*		
CERTIFICATION OF OSSF REQUIRING MAII	NTENANCE AND FOR AN OSSF LOCA	ATED ON TWO OR MOR	E TRACTS OF LAND
According to Texas Commission on Envin the Deed Records of	vironmental Quality (TCEQ) Rules for Or County, Texas.	n-Site Sewage Facilities, th	is document is filed
	ı		
The Texas Health and Safety Code, Chasite sewage facilities (OSSFs). Additionally, the for implementing the laws of the State of Texas under the TWC. The TCEQ, under the authority to the public that certain types of OSSFs are located recording. Additionally, the owner must provide not a representation or warranty by the TCEQ cappropriate OSSF was installed.	relating to water and adopting rules now of the TWC and the Texas Health and Stated on specific pieces of property. To be proof of the recording to the OSSF per proof of the O	5.013, gives the TCEQ priecessary to carry out its posterity Code, requires own achieve this notice, the Tournitting authority. This d	mary responsibility owers and duties er's to provide notice CEQ requires a deed eed certification is
	II		
	ract, according to 30 Texas Administrat		be installed on the
property described as (insert legal description)			
And/Or Volume Number, Page Num	ber Acre Amount	Number	
Or Subdivision Name	, Block Number and Lot	. Number	
	III		
Restrictive Water	Use Required - Not Require	ed <i>(Circle One)</i>	
This OSSF requires limitations of water use of_	gallons p	per day.	
The reduced gallons per day will calculate to	spray are	ea to be covered.	
The amount of water use per day is not to exce	ed such requirements.		
The property is owned by			
If residential, this OSSF shall be covered by a co	entingous carvica policy for the first two	wars After the initial tw	o voar corvico
policy, the owner of an aerobic treatment syste personally. If commercial, this OSSF shall be co TSS, BOD and Fecal Coliform. Upon sale or tranthe new owner. A copy of the planning materia each tract's property deed affected by the OSSF be sold separately.	em shall either obtain a maintenance co wered by a continuous service policy fo asfer of the above described property, t Is for the OSSF can be obtained from th	ntract within 30 days or n r the life of the system, an he license for the OSSF sh e ANRA. This document n	naintain the system Id be tested yearly for all be transferred to nust be recorded with
WITNESS BY HAND(S) ON THISDAY OF	,20 .		
.,,		(Owner(s) signati	ure(s))
SWORN TO BY AN	D SUBSCRIBED BEFORE ME ON THIS	DAY OF	,20 .
SWORN TO BYAN	-		
Notary Public, State of Texas	My Commission Expires		
Notally Fublic, State Of Texas	iviy Commission Expires		