ECTOR COUNTY
1891

OSSF Application Packet

Questions about how to complete this form? CALL:

Kelby Upchurch: (432) 617-8405
Divina Bongo: (432) 617-8406
Paula Carrillo: (432) 617-8407
Nazareth Melchor: (432) 617-8408
Rashmi Deshmukh: (432) 617-8409

Return completed form to:

Ector County Health Department
221 N. Texas Ave
Odessa, TX 79761

Property Owner's Information

Property Owner's First Name	Property Owner's Last Name	Driver's License # - State

Business Name (For Commercial Systems)

Mailing Address

City	State	Zip Code	Primary Phone Number
			( ) -

Owner E-Mail Address	Designer E-mail Address	Installer E-mail Address

Property Information (where septic system will be installed)

Property Address

City	State	Zip Code	Lot Size (Acres)
	Texas		

Type of Property

☐ Subdivision

Subdivision Name	
Block	**Lot**

Other Legal Information for Subdivition Location

☐ Township

Township	
Section	**Block**

Other Legal Information for Township Location

Type of Use for System

☐ Single Family Residence ($250.00)

Type of Residence

☐ Mobile Home
☐ Site Built Home
☐ Single RV

Note: Two mobile homes connected to 1 system will be considered a commercial system (Mark other in commercial section and write in the blank space)

☐ Commercial Institution ($450.00/system)

Type of Commercial Business

☐ Office
☐ Shop
☐ Workforce Housing
☐ Restaurant

MHRC **Date Approved:** _____
☐ RV Park MHRC
☐ Mobile Home Park MHRC

☐ Other _____

Number of Bedrooms	Living Area in Square Feet	Number of Employees	Number of Spaces/ Seats	Other

Source of Water

☐ Private Water Well ☐ Public Water Supply

Pressure Cemented Well with Documentation (required)	Name of Public Water Supplier
☐ Yes ☐ No	

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System Information

Reason for Application

☐ Installing New System ☐ Replacing Existing System

Type of Treatment System	Pump Tank
☐ Septic Tank ☐ Aerobic ☐ Other	☐ Yes ☐ No

Type of Disposal System

☐ Leaching Chamber ☐ Soil Substitution

☐ Trench ☐ Bed ☐ Bed ☐ Trench

☐ Surface Application ☐ Other _____

Maximum GPD	Number of Tanks	Size of Tanks in Gallons	Number of Panels	Panel Length in Feet

Using Water Saving Devices	Variance Needed	Describe Reason for Variance
☐ Yes ☐ No		

Site Evaluator's Name	TCEQ Licence Number	Phone Number
		( ) -

Installer's Name	TCEQ Licence Number	Phone Number
		( ) -

Designer's Name	Texas Licence Number	Phone Number
		( ) -

Designer's Stamp of Approval

I certify that I have reviewed the planning materials within this OSSF Application Packet and that they are in compliance with the commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

Certification

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Ector County Health Department to enter upon the above described property for the purpose of lot evaluation and inspection of the 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 the commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285. **For commercial applications, I understand that the Permit will be conditioned with a requirement for construction of permanent drive over protection for the tank and drainfield.**

Owner's Signature	Date of Signature

Owner Signature (not installer) Printed Name

	Ector County Engineering Department **(432) 381-0098**	**Development Permit Exemption Certificate**

Owner's Name: _____
First Name Last Name

This application has been reviewed by the Ector County Engineering Department and it is determined the proposed development is not within an identified floodplain of Ector County. This certificate exempts the applicant from development standards required by Ector County floodplain management regulations. Work is hereby authorized to proceed on the following property:

Site Address (assigned): _____ _____ _____
Street # Street Name City

Legal Address: Section: ____ Block: ____ OR Block: ____ Lot: ____

Acreage: _____ Subdivision Name *or* Township: _____
(Example: Westland 1st or T-2-S)

Meets & Bounds Description:

_____

_____

_____

The Ector County Engineering Department has compared the proposed area of construction with Floodplain maps and has determined the following:

- ☐ Outside Floodplain (construction is permitted)
- ☐ Within Floodplain (special septic tank requirements needed)
- ☐ Within Floodway (construction is not permitted, unless a replacement system)

Warning:

Flood hazard maps and other flood data used by the Ector County Engineering Department in evaluating flood hazards to proposed developments are considered reasonable and accurate for regulatory purposes and are based upon the best available scientific and engineering data. On rare occasions, greater floods can and will occur and flood heights may be increased by man-made or natural causes. This exemption certificate does not imply that developments outside the identified areas of special flood hazard will be free from flooding or flood damage. Issuance of this exemption certificate shall not create liability on the part of Ector County in the event flooding or flood damage does occur.

_____

Acknowledgement of Warning by Owner or Agent

_____ _____

Date of Issuance

Ector County Engineering Department

Ector County Health Department
221 N. Texas Ave.
Odessa, TX 79761

Office: (432) 617-8404
or (432) 617-8405

OSSF Site Evaluation Checklist

Property Owner's Name_____
First Last

Site Address_____
Street # Street Name City Zip Code

Site Evaluation: At least two soil borings / backhoe pits must be taken at **opposite ends** of the area to be used for the soil absorption system, and shall be excavated to a depth of 2 feet below the bottom of the proposed trench, or to a restrictive horizon, whichever is less. A copy of the test results and the scaled drawing must be enclosed. The following information must be included. Attach results of sieve analysis if performed. Indicate soil color in comments column.

☐ A. Soil texture analysis; indicate % gravel or rock TAC 285.30(b)(1)(B)(describe on test results table for each soil boring / backhoe pit).

☐ B. Soil structure analysis (describe on test results table for each soil boring / backhoe pit).

☐ C. Depth of test. Soils without at least 24" of suitable soil beneath the proposed drainfield must be considered unsuitable (indicate with solid line, the depth of evaluation on test results table for each soil boring / backhoe pit).

☐ D. Restrictive horizon evaluation (indicate on test results table for each soil boring / backhoe pit).

☐ E. Groundwater evaluation.

☐ F. Topography; measure ground surface elevation changes within 50 feet of the drainfield, at 4 locations (show the results on the drawing).

☐ G. Flood hazard.

☐ H. Vegetation (describe vegetative cover that is present).

☐ I. Easements, water lines and bodies of water must be identified and described.

☐ J. Location of all buildings (existing or proposed with applicable dimensions).

☐ K. All separation distances identified in TAC 285 Table X must be shown.

☐ L. All water wells on the site and neighboring properties, within 150 feet.

Planning Materials: A copy of the construction drawing must be enclosed and shall include those items specified on the Schematic of Lot or Tract of land.

Ector County Health Department
221 North Texas
Odessa, Texas 79761

Office: (432) 498-4141
Facsimile: (432) 498-4143

OSSF Site Evaluation Form

Property Owner's Name_____
First Last

Site Address_____
Street # Street Name City Zip Code

Site Evaluator _____ License Number _____

Proposed Drainfield Panel Depth_____ Date Performed_____

- At least two soil evaluations must be performed on the site, at opposite ends of the proposed disposal area. We recommend more than two. The results of each soil evaluation must be shown on separate tables (provided)
- Locations of soil evaluations must be shown on the drawing.
- For surface disposal, soil evaluations must be performed to a depth of at least 2 feet below the proposed excavation depth, and the surface horizon evaluated.
- Describe each soil horizon and identify any restrictive features in the space provided.
- Draw horizontal lines at <u>all changes in soil texture or structure</u> and the final depths.

Soil Boring / Backhoe Pit #_____ Test Results Table

Depth in Feet	Textural Class	Structure (if applicable)	Drainage Mottles/ Water Table	Restrictive Horizon	Comments
---0---					
---1---					
---2---					
---3---					
---4---					
---5---					
---6---					
---7---					
			Maximum		

OSSF SITE EVALUATION FORM (CONTINUED)

Soil Boring / Backhoe Pit #_____ Test Results Table

Depth in Feet	Textural Class	Structure (if applicable)	Drainage Mottles/ Water Table	Restrictive Horizon	Comments
---0---					
---1---					
---2---					
---3---					
---4---					
---5---					
---6---					
---7---			Maximum		

Classification of Soil identified during evaluation, consistent with TAC 285.30(b)(1)(a)

(circle type soil) Class Ia Ib II III IV

Percent (%) gravel or rock identified in drainfield soil that will be located one foot above and two feet beneath leaching chamber panel base.

TP #1 Depth collected _____Ft _____%

TP #2 Depth collected _____Ft _____%

Is the site suitable for Standard Absorptive Drainfield (circle)? ☐ Yes ☐ No

I certify that the above statements are true and are based on my own field observations and testing conducted, as applicable.

_____ _____

Signature of Site Evaluator Date

Schematic of Lot or Tract of Land

Show: Detailed plans of OSSF (Use a ruler with a pen or mechanical pencil)

Write legibly, **do not** cross out mistakes, **draw 1 line** through the mistake and **initial it** or redo drawing.

- ☐ Illustrate cleanout
- ☐ Illustrate soil test sites
- ☐ Property dimensions (ft)
- ☐ Lengths of all piping
- ☐ Illustrate legend
- ☐ Adjacent streets
- ☐ Distance between trenches
- ☐ Block numbers of streets
- ☐ Length of trenches
- ☐ Distance from site and adjoining water wells to site's proposed septic tank & drainfield, within 300 ft.
- ☐ Distance from trench & septic tank to existing and proposed site structures (needs to be at least 5 feet).
- ☐ Distance to all property lines from existing and proposed site structures
- ☐ Locations & distances of all easements swimming pools, waterlines, other structures where known or proposed.
- ☐ Location of natural, constructed, or proposed drainage ways, water impoundment areas, cut or fill areas, sharp slopes, and breaks.
- ☐ Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil adsorption or irrigation area.

N

Indicate Scale **Scaled drawings are required**

☐ 1" = 20' ☐ 1" = 40'

☐ 1" = 30' ☐ 1" = 50' ☐ other _____

(Sewage flow) ÷ (absorption rate) ÷ (absorptive area) x (0.6 [leaching chamber efficiency]) = trench length

Q **Ra** **AA** **ELC** **L**

_____ divided by _____ divided by _____ multiplied by 0.6** = _____Ft

Q **Ra** **AA** **ELC** **L**

_____ divided by _____ = _____

Ft length of panel # of panels

Tank Size (in gals.): _____

Lot size (in acres): _____

Q = gallons per day (sewage flow) **Ra** = Rate of absorption for soil class (Table I)

AA = Absorptive Area of soil (typically, 3 feet excavation bottom + 1 foot for each sidewall)

ELC = Efficiency allowed when using leaching chambers without water saving devices

L = Trench length needed

****** NOTE: Do Not Multiply by 0.6 if doing a soil substitution. **Use 0.75 if claiming water saving devices.**

For soil substitution, you may use the formula: Q/Ra=A; Then, L=(A-2W)/W+2; The design must have 2 feet of good soil on either sides of the panels but W must be considered from one panel end to the other.