



Willacy County
Application for On-Site Sewage Facility
New Construction and Modification

County Judge: Aurelio Guerra
Commissioner Pct. 1: Micaela Zamorano-Alaniz
Commissioner Pct. 2: Mario Tijerina
Commissioner Pct. 3: Henry De La Paz
Commissioner Pct. 4: Ernesto "Ernie" Garcia

WILLACY COUNTY REGION NUMBER

COUNTY OF INSTALLATION

	NEW INSTALLATION
	MODIFICATION

1. Property Owner's Name: _____
2. Permanent Mailing Address: _____
3. Telephone Number: _____
4. Site Address: _____
5. Legal Description: Sec. _____ Block: _____ Lot: _____ Subdivision: _____

Other than subdivision: Acreage: _____ Survey: _____

6. Source of Water: _____ Private Well _____ Public Water Supply Name Supplier: _____
7. Single Family Residence: No. of Bedrooms _____ Living Area (ft.) _____
8. Commercial/Institutional (including multi-family residences) TYPE: _____

No. of Employees/Occupants/Units _____ Days Occupied Per Week _____

9. Site Evaluator: _____ Certification No. _____
10. Designer: _____ Certification No. _____

Phone Number: _____

11. Installer: _____ Registration No. _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Texas Natural Resources Conservation Commission 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.

12. Signature of Owner: _____ Date: _____

WILLACY COUNTY
ON-SITE SEWAGE MANAGEMENT SYSTEM PERMIT APPLICATION

TEC/Permit # _____
Septic Contractor _____ Date of Inspection _____
Street Address _____ City _____ Zip _____ Lot _____ Phase _____

Signature (owner or applicant) _____ Date: _____

Property Owner's Name _____ Phone: _____

Owner's Address _____ Cell: _____

Permit Application Name _____ Phone: _____

Applicant's Address _____ Cell: _____

Type of Facility ☐ Single Family ☐ Other - _____ # Bedrooms _____ # Gallons/day _____

Water Supply ☐ Community ☐ Public ☐ Individual Located Required Distance for Possible Pollution
Source? ☐ Yes ☐ No

Lot Size Front: _____ ft. Back: _____ ft. Right Side: _____ ft. Left Side _____ ft.
Square ft. (or acres): _____

Soil Conditions (Absorption Field) Percolation Rate _____ Min/in Water Table Depth _____ in. Suitable Soil
Type _____ Loading Rate _____ Gal/sq. ft. Depth to Rock in _____

Total Capacity Septic Tank _____ Gals Dosing Tank _____ Gals ATU Tank _____ Gals
Grease Trap _____ Gals

I certify that the location of this house, septic tank and drain field meets local codes of Willacy County.

Owner: _____ Date: _____

A permit is hereby granted to install or construct the on-site sewage management system described above. ☐

Approved by: _____ Date: _____
County Engineer

WILLACY COUNTY ON-SITE WASTEWATER SYSTEM CHECKLIST

OWNER'S NAME: _____ COUNTY: _____

The following information must be included with the design package for review by the Willacy County designated Representative, failure to include or address all of the following items may result in approval delays.

- ☐ 1. **SITE EVALUATION:** At least two soil borings/backhoe pits shall be taken in 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 proposed trench, or to a restrictive horizon whichever is less. Two copies of the test results and the drawing must be enclosed. The following information shall be included:
 - ☐ a. Soil textures analysis. List the texture type.
 - ☐ b. Soil structure analysis. List the structure type.
 - ☐ c. Depth of test. (Soil without at least 24" of suitable soil beneath proposed drain field shall be considered unsuitable)
 - ☐ d. Restrictive horizon evaluation
 - ☐ e. Groundwater evaluation
 - ☐ f. Topography
 - ☐ g. Flood hazard
 - ☐ h. Vegetation
 - ☐ i. Easements and bodies of water (lake, watercourses, etc.) must be identified.
 - ☐ j. Location of all building (existing or proposed)
 - ☐ k. All separation distances identified in Table x must be shown.
 - ☐ l. All water wells in the site and neighboring properties.
- ☐ 2. **PLANNING MATERIALS:** Two copies of the construction drawing must be enclosed and shall include the following:
 - ☐ a. A detailed, legible site plan with boundary description (Aerobic systems require scale drawings, legal description of the lot, and Affidavit to the Public, and Maintenance Agreement to be attached)
 - ☐ b. The location of all buildings (existing or proposed) on the site plan.
 - ☐ c. The size and location of the wastewater treatment units and disposal area (include width & depth). A cross section of the excavation must be included.

ON-SITE SEWAGE 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 EXCAVATION 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 EVALUATION MUST BE PERFORMED TO # DEPTH OF AT LEAST TWO FEET BEFORE THE PROPOSED EXCAVATION DEPTH. FOR SURFACE DIPOSAL, THE SURFACE HORIZON MUST BE EVALUATED.

DESCRIBE EACH SOIL HORIZON AND INDENTIFY ANY RESTRICTIVE FEATURES ON THE FORM. INDICATE DEPTHS AREA, 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

SOIL BORING NUMBER: _____

DEPTH (FEET)	Texture Class	Soil TEXTURE	STRUCTURE (FOR CLASS III – BLOCKY, PLATY OR MASSIVE)	DRAINAGE (MOTTLES/WATER TABLE	RESTRICTIVE HORIZON	OBSERVATIONS

I CERTIFY THAT THE FINDINGS OF THIS REPORT ARE BASED ON MY FIELD OBSERVATIONS AND ARE ACCURATE TO THE BEST OF MY ABILITY.

DATE: _____

SITE EVALUATION NUMBER: _____

APPLICATION INFORMATION:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP CODE: _____ PHONE: _____
FAX: _____

SITE EVALUATOR INFORMATION:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP CODE: _____ PHONE: _____
FAX: _____

PROPERTY LOCATION:

LOT _____ BLK _____ SUBD _____
STREET/ROAD ADDRESS: _____
COUNTY: _____
UNINCORPORATED AREA? YES OR NO
CITY: _____ ZIP: _____
ADDITIONAL INFORMATION: _____

INSTALLER INFORMATION:

NAME: _____
COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____ STATE: _____
FAX: _____

SCHEMATIC OF LOT OR TRACT

SHOW:

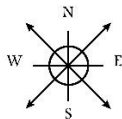
Compass North, adjacent streets, property lines, property dimensions, locations of buildings, easements, swimming pools, water lines, and other surface improvements where known (drainage, patios, sidewalks). Location of existing or proposed water wells within 150 feet of property.

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 SIZER _____ 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 of proposed water well in nearby area

YES _____ NO _____

Organized sewage service available to lot or tract

YES _____ NO _____

SITE EVALUATOR:

NAME: _____ SIGNATURE: _____ LICENSE NO: _____