

# MILAM COUNTY HEALTH DEPARTMENT

209 SOUTH HOUSTON  
CAMERON, TEXAS 76520

PHONE (254) 697-7039 FAX (254) 697-4809

## HOW TO OBTAIN A PERMIT FOR AN ON-SITE SEWAGE FACILITY IN MILAM COUNTY

REMOVE AND RETAIN THIS PAGE PRIOR TO RETURNING THE APPLICATION TO THE ABOVE ADDRESS

CONVENTIONAL SYSTEM  
\$210.00

COMMERICAL & LOW  
PRESSURE DOSING SYSTEMS  
\$310.00

AEROBIC SYSTEMS  
\$460.00

- Obtain an Application from the Milam County Health Department. **ALL** information must be completed.
- Have appropriate individual (Registered Sanitarian, Professional Engineer, or Licensed Site Evaluator) perform mandatory soil identification procedure.
- Have appropriate individual prepare planning materials. Professional design (R.S., P.E.) is required for proprietary and non-standard systems.
- Submit completed application and technical information sheet (in property owner's name) **with all pages intact.** *\*\*Please use the form provided by the Milam County Health Department for technical information. Failure to complete this form will result in your application being denied.\*\** Include the appropriate fee and a copy of the following: **1)** planning materials; **2)** site and soil evaluation; **3)** Accurate directions to the site must also be included.
- Plans and application will be reviewed by Milam County Health Department Staff. Non-Standard system plans may be reviewed by TCEQ staff in Austin.
- Upon approval, an Authorization to Construct will be issued. The Authorization to Construct is valid for one year from the date of issuance. The Authorization **MUST** be posted on the job site.
- Beginning Construction. You may not begin construction, alteration, repair or extension until you notify the authorized agent of the date on which you will begin. An inspection of the installation is required **BEFORE** covering of the system. Please contact our office at least 5 working days in advance to make arrangements for inspections. We will schedule the inspection when we are available. **TRIPOD LEVELS ARE REQUIRED TO BE SET UP AND WORKING PRIOR TO INSPECTORS ARRIVAL**
- After a successful inspection, a Notice of Approval will be issued to the owner within approximately 5 working days.
- NOTE:** A re-inspection fee equal to ½ the permit amount must be paid by the installer for each time the system must be re-inspected. All fees must be paid before the Notice of Approval will be issued.

**ALL FEES ARE NON-REFUNDABLE AND MUST BE PAID BY CASH, PERSONAL CHECK, CASHIER'S CHECK OR MONEY ORDER. PAYMENTS MUST BE MADE PAYABLE TO MILAM COUNTY.**



MILAM COUNTY HEALTH DEPARTMENT

209 South Houston St.
Cameron, TX 76520

Phone: (254) 697-7039 Fax: (254) 697-4809
[ ] NEW INSTALLATION [ ] MODIFICATION [ ] REPAIR

MCHD (Rev. 6/6/2012)

M.C.H.D. USE ONLY
Application No.
DATE:
AMOUNT: \$

APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION AND MODIFICATION

- 1. PROPERTY OWNER'S NAME: (FIRST) (MIDDLE) (LAST)
2. PERMANENT MAILING ADDRESS: CITY: ST: ZIP:
3. HOME PHONE NUMBER: ( ) CELL PHONE: ( )
4. 911 SITE ADDRESS: CITY: ZIP:
5. LOT/TRACT: BLOCK: RECORD SET: VOL: PAGE:
SUBDIVISION: LOT SIZE/ACREAGE:

Please attach verification of legal description such as a copy of: deed, plat map, survey, or other documentation containing legal description.

6. DIRECTIONS TO SITE:

7. SOURCE OF WATER: [ ] Private Well [ ] Public Water Supply (Name of Supplier)

8. SINGLE FAMILY RESIDENCE: No. of Bedrooms: Living Area (ft^2): Number of Occupants:

9. COMMERCIAL/INSTITUTIONAL (other than single-family residences) TYPE:
BUSINESS / INSTITUTION NAME:

RESPONSIBLE OFFICIAL: NO. OF EMPLOYEES // UNITS:

10. SITE EVALUATOR: LICENSE No.:
ADDRESS: CITY: STATE: ZIP:
PHONE NUMBER ( ) FAX NO.: ( )

11. INSTALLER: LICENSE No.:
ADDRESS: CITY: STATE: ZIP:
PHONE NUMBER ( ) FAX NO.: ( )

PLEASE CONSULT YOUR DESIGNER, SITE EVALUATOR AND/OR INSTALLER ABOUT ALL OF THE OPTIONAL SYSTEMS AVAILABLE TO YOU.

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Milam County Health Department and/or T.C.E.Q. to enter upon the above described property for the purpose of soil/site evaluation and investigation of on-site sewage.

(Signature of Owner)

(Date)

**MILAM COUNTY HEALTH DEPARTMENT  
ON-SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR PERMIT**

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL. UNAUTHORIZED CONSTRUCTION  
CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.**

OWNER'S NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

**PROFESSIONAL DESIGN REQUIRED?**  Yes  No If yes, professional design attached?  Yes  No

DESIGNER NAME: \_\_\_\_\_ LICENSE TYPE & No.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ FAX NO.: (\_\_\_\_\_) \_\_\_\_\_

**I. TYPE AND SIZE OF PIPING FROM:** (Example: 4" SCH 40 PVC)

Stub out to treatment tank: \_\_\_\_\_

Treatment tank to disposal system: \_\_\_\_\_

**II. DAILY WASTEWATER USAGE RATE: Q= \_\_\_\_\_ (gallons/day)**

Water Saving Devices:  Yes  No

**III. TREATMENT UNIT:**  SEPTIC TANK  AEROBIC UNIT

A. • Tank Dimensions: \_\_\_\_\_ • Liquid Depth (bottom of tank to outlet): \_\_\_\_\_

• Size Required: \_\_\_\_\_ • Size Proposed: \_\_\_\_\_

• Manufacturer: \_\_\_\_\_ • MATERIAL/MODEL #: \_\_\_\_\_

• PRETREATMENT TANK:  Yes SIZE: \_\_\_\_\_ (gal)  No  N/A

• Pump/Lift Tank:  Yes SIZE: \_\_\_\_\_ (gal)  No  N/A

B. OTHER  Yes  No If yes, please attach description.

**IV. DISPOSAL SYSTEM:**

Disposal Type: \_\_\_\_\_

Manufacturer and Model: \_\_\_\_\_

Area Required: \_\_\_\_\_ square feet Area Proposed: \_\_\_\_\_ square feet

**V. ADDITIONAL INFORMATION**

**NOTE – THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.**

A. SOIL/SITE EVALUATION

B. PLANNING MATERIALS

If you have questions on how to fill out this form, please contact the Milam County Health Department at (254) 697-7039

\_\_\_\_\_  
(Signature of Installer or designer)

\_\_\_\_\_  
Date

# MILAM COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER SYSTEMS CHECKLIST

OWNER'S NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

The following information must be included with the design package for review by the **MILAM COUNTY HEALTH DEPARTMENT**. 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. The following information shall be included:
  - A. Soil texture analysis. List the texture type.
  - B. Soil structure analysis. List structure type.
  - C. Depth of test. (Soils without at least 24" of suitable soil beneath the proposed drainfield shall be considered unsuitable.)
  - D. Restrictive horizon evaluation
  - E. Groundwater evaluation
  - F. Topography
  - G. Flood hazard
  - H. Vegetation
  - I. Easements and bodies of water (lakes, watercourses, etc.) must be identified.
  - J. Location of all buildings (existing or proposed)
  - K. All separation distances identified in Table X must be shown
  - L. All water wells on this site and neighboring properties.
  
- 2. **PLANNING MATERIALS:**
  - A. A detailed, legible site plan with boundary description. All OSSF systems require a scale drawing and legal property description. Aerobic Systems also require an 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.
  - D. All water wells on the site and neighboring properties must be identified and located on the site plan.
  - E. Easements and bodies of water (lakes, watercourses, etc.) must also be identified
  - F. All separation distances identified in Table X must be shown.



**THE COUNTY OF MILAM  
STATE OF TEXAS**

**CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of Milam County, Texas.

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (Commission) to regulate on-site sewage facilities (OSSFs). Additionally, The Texas Water Code (TWC), § 5.012 and §5.013, gives the Commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The Commission, under the authority of the TWC and the Texas Health and Safety Code, requires owner’s to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the Commission requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representative or warranty by the Commission of the suitability of this OSSF, nor does it constitute any guarantee by the Commission that the appropriate OSSF was installed.

II.

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code § 285.91 [12] will be installed on the property described as (insert legal description):

This property is owned by \_\_\_\_\_  
(Insert owner’s full name)

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF form must be performed by an approved maintenance company and a signed maintenance contract must be submitted to Milam County Health Department within 30 days after the property has been transferred.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Milam County Health Department.

WITNESS BY MY HAND ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
[Owner(s) Signature(s)]

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

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Notary’s Printed Name

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

**THE COUNTY OF MILAM**

**STATE OF TEXAS**

**CERTIFICATION OF OSSF LOCATED ON TWO OR MORE TRACTS OF LAND**

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of Milam County, Texas.

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, The Texas Water Code (TWC), § 5.012 and §5.013, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representative or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ that the appropriate OSSF was installed.

II.

An OSSF meeting the requirements of 30 Texas Administrative Code §285 will be installed on the property described as:

This property is owned by \_\_\_\_\_  
(Insert owner's full name)

This OSSF is located on two or more separate legal tracts of land and the tracts cannot be sold separately. This document must be recorded with each tract's property deed affected by the OSSF.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Milam County Health Department.

WITNESS BY MY HAND ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
[Owner(s) Signature(s)]

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

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Notary's Printed Name

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



# MILAM COUNTY HEALTH DEPARTMENT

209 SOUTH HOUSTON  
CAMERON, TEXAS 76520

PHONE (254) 697-7039 FAX (254) 697-4809



**Dear Property Owners,**

As of October 1, 2006, ALL On-Site Sewage Facilities being constructed, altered, extended or repaired in Milam County must be permitted and inspected by the Milam County Health Department. ALL On-Site Sewage disposal systems using Aerobic treatment must have a maintenance contract conducted by a certified maintenance provider for that Aerobic treatment unit.

The permitting fees for Septic Systems in Milam County are as follows:

\$210.00	for conventional systems
\$310.00	for Commercial and Low Pressure Dosing Systems
\$460.00	for all Aerobic Systems

Violations of the Texas Health Commission on Environmental Quality rules and/or Milam County orders may and will result in Civil and/or Criminal penalties.

If you have any questions, please feel free to contact the Milam County Health Department.

Kenneth Schneebeli  
Designated Representative  
OS0029346



SYSTEM TYPE:			SYSTEM DIMENSION:	
Rock & Pipe	<input type="checkbox"/> Trench	<input type="checkbox"/> Bed	Number of Tanks	
ET			Capacity/#Comp.	
Leaching Chamber			Excavation Width	
Gravelless 8"			Excavation Length	
LPD			Excavation Depth	
Spray Application			Number of Panels	
Drip			Linear Feet	
Other:			Square Footage	
			Flow-GPD	
			Application Rate	

Indicate scale and Indicate North.

Show all distances related to OSSF location (setbacks)

Designer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

License Number: \_\_\_\_\_ Check:  OSSF I  OSSF II  SE  PE  RS