

**APPLICATION FOR ON-SITE SEWAGE FACILITY (OSSF)**  
**License for the City of Manvel, Texas**

6615 FM-1128 P. O. Box 187 (281) 489-0630 Fax (281) 489-0634

This application will expire twelve months from the below date if the final inspection has not been completed. I hereby make application for a license to conduct and operate an on-site sewage facility in the City of Manvel, Brazoria County, Texas. A check or money order for the amount of \$250.00 for residential or \$410.00 for commercial must accompany this application. Make checks payable to the City of Manvel, Texas. No refunds will be given once the permit is submitted for review.

NAME \_\_\_\_\_, DATE \_\_\_\_\_  
(Last) (First) (MI)

MAILING ADDRESS \_\_\_\_\_  
(Street & Box) (City) (State) (Zip)

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK OR CELL (\_\_\_\_\_) \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_  
(Street or County Road) (City) (State) (Zip)

LOT DIMENSION / ACREAGE \_\_\_\_\_ X \_\_\_\_\_ Acre(s) \_\_\_\_\_ WATER SOURCE: Private \_\_\_\_\_ Public \_\_\_\_\_

Legal Description: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Subdivision \_\_\_\_\_  
Single family residence \_\_\_\_\_ Multi family residence \_\_\_\_\_ Bedrooms \_\_\_\_\_ Square Footage \_\_\_\_\_  
Commercial: \_\_\_\_\_ No. of Employees/staff \_\_\_\_\_ Out Buildings w/ bath \_\_\_\_\_ Business hours \_\_\_\_\_

Site Evaluator \_\_\_\_\_ Cert. No. \_\_\_\_\_

Professional Designed Required: \_\_\_\_\_ If yes; is professional design attached: \_\_\_\_\_

DESIGNER: \_\_\_\_\_ P.E. Or R.S. LICENSE NO. \_\_\_\_\_

INSTALLER: \_\_\_\_\_ Registration No. \_\_\_\_\_ Phone No.(\_\_\_\_\_) \_\_\_\_\_

**TECHNICAL INFORMATION:**

Daily Wastewater Usage Rate: Q= \_\_\_\_\_ (Gallons/day) Water Saving Devices: YES -  NO -

Disposal System Type: \_\_\_\_\_ Area Required sq. ft. \_\_\_\_\_ Designed Area sq. ft. \_\_\_\_\_

L.P.D. / Pumped Effluent drain field size sq. ft. \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

STANDARD Drain field size lineal ft. \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

Sewer (house drain): Type \_\_\_\_\_ Slope of sewer pipe to tank \_\_\_\_\_

**TREATMENT UNIT / TANKS:**

Septic Tank dimensions \_\_\_\_\_ Liquid Depth \_\_\_\_\_ (tank bottom to outlet) Size Required \_\_\_\_\_

Size Designed \_\_\_\_\_ Concrete \_\_\_\_\_ Fiberglass \_\_\_\_\_ Other \_\_\_\_\_

Aerobic Unit Manufacturer: \_\_\_\_\_ Model No. \_\_\_\_\_ Size \_\_\_\_\_

Treatment tank Serial No. \_\_\_\_\_ Concrete -  Fiberglass -  Other -

Additional Information required (must be attached for review and or approval).

- 1). Site Evaluation      2). Planning Materials      3.) Pump Data      4.) Maintenance Contract      5). Affidavit

**AUTHORIZATION TO CONSTRUCT OSSF:**

Approved: -

Disapproved -

D.R. / Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of Manvel, Texas to enter upon the above described property for the purpose of lot evaluation and inspection of the On-Site Sewage Facility and that a license to operate the facility will be granted following a successful final inspection of the installed system which indicates that the system was installed in compliance with the State of Texas On Site Sewage Facility Rules TAC 30 Chapter 285.

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

**ACKNOWLEDGMENT**

**STATE OF TEXAS**

**CITY OF MANVEL**

**COUNTY OF BRAZORIA**

Before me the undersigned authority on this day personally appeared \_\_\_\_\_ Known to me to be the person(s) whose name(s) are signed to the foregoing application and duly sworn by me, each states under oath that he had read the said application and that all facts therein are true and correct. Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC

**Installation Inspection:**

**Open Inspection:**    Approved -     Disapproved -     DR/Inspector \_\_\_\_\_    Date \_\_\_\_\_

**Final Inspection / Authorization to Operate**    Approved -     Disapproved -     DR/Inspector \_\_\_\_\_    Date \_\_\_\_\_

**COMPLIANCE:** This form must be completely filled out in blue or black ink to be accepted. Drawings must also be in blue or black ink. A diagram showing buildings, water wells, and septic tank location and drain field with distances in feet from all points must be supplied. You must note ANY body of water.

**CITY OF MANVEL  
P. O. BOX 187  
Manvel, Texas 77578  
281-489-0630**

**Application procedures for an on-site sewage facility  
Permit to Construct**

Only the property owner or the person having the rights to possession of the parcel of land, upon which a proposed on-site sewage facility is to be located, may apply for an on-site sewage facility permit to construct. The proposed lot shall not be less than (1) one acre in size including easements and rights-of-way.

The applicant shall submit the following to the City of Manvel Permit Department.

- \_\_\_\_\_ The **completed** application form
- \_\_\_\_\_ The required fees are **\$250.00** for **Residential** and **\$410.00** for **Commercial**. These fees are not refundable as of January 01, 2002.
- \_\_\_\_\_ Design Specifications and technical information in the current property owners name with all pages intact. With the original Seal of the Professional Engineer or the Registered Sanitarian that designed the system.
- \_\_\_\_\_ A copy of the property survey with the seal of the Registered Professional Surveyor shall be included.
- \_\_\_\_\_ Request for exemption to the on-site sewage facility construction standards must be in writing and submitted with the application for review and approval by the City Designated Representative.
- \_\_\_\_\_ Any request in lot size reduction shall be in writing and approved by the D. R. and the City Council. The Professional Engineer or Registered Sanitarian that designed the system must prepare all requests for an exemption.
- \_\_\_\_\_ Plans and application will be accepted by the City of Manvel and reviewed by the D. R. in a timely manner.
- \_\_\_\_\_ Upon approval a permit to construct will be issued. The permit is valid for 12 months from the date of issuance.
- \_\_\_\_\_ **Only after the homeowner receives the authorization to construct shall installation of the system begin.**
- \_\_\_\_\_ Installer must notify the City of Manvel Permit Department (not the DR) when construction will begin and make the necessary arrangements for two inspections. At least 48 hours notice must be given.
- \_\_\_\_\_ As built drawings will be provided by the installer and approved by the D. R. before the final inspection is performed.
- \_\_\_\_\_ Only after the final / cover inspection is performed will a permit to operate the on-site be granted.
- \_\_\_\_\_ Specifications are required for ALL Pre-cast Concrete Tanks, including but not limited to, trash tanks, pump tanks and pre-treatment tanks.
- \_\_\_\_\_ A Re-Inspection fee of \$75.00 will be required each time the system has to be re-inspected. All fees must be paid before a permit to operate will be granted.

AFFIDAVIT TO THE PUBLIC  
(TO BE REGISTERED WITH THE BRAZORIA COUNTY CLERK)

THE COUNTY OF BRAZORIA

STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

The Texas Health and Safety Code, Chapter 366 authorizes the City of Manvel to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), §5.012 and §5.013, gives the City of Manvel 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 City of Manvel, 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 City of Manvel requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the City of Manvel of the suitability of this OSSF, nor does it constitute any guarantee by the City of Manvel 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 \_\_\_\_\_  
(PRINT NAME)

This OSSF shall be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owner of the aerobic treatment system for a single family residence shall obtain a maintenance contract within 30 days or maintain the system personally if the municipality allows you to do so.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or owner. A copy of the planning materials for the OSSF may be obtained from City of Manvel.

WITNESS MY / OUR HAND (S) ON THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
Name(s) of Property Owner(s)

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

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

SEAL

\_\_\_\_\_  
Notary's Printed Name/Expiration Date

NOTE: Recorder mail to: City of Manvel, P. O. Box 187, Manvel, Texas 77578

**ON-SITE SEWAGE FACILITIES LAYOUT**

(Show where the system is located on your property)

ANY REQUEST FOR AN EXCEPTION TO THE ON-SITE SEWAGE FACILITY CONSTRUCTION STANDARDS MUST BE IN WRITING AND APPROVED BY A CITY OFFICIAL.

AUTHORIZATION IS HEREBY GIVEN TO THE CITY OF MANVEL, THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ), THE TEXAS DEPARTMENT OF HEALTH AND TO THEIR AGENTS, OR DESIGNEES, SINGULARLY OR JOINTLY TO ENTER UPON THE ABOVE DESCRIBED PROPERTY DURING DAYLIGHT HOURS FOR THE PURPOSE OF INSPECTING SEWAGE FACILITIES, FOR ANY REASON CONSISTENT WITH THE WATER QUALITY PROGRAM OF THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ) AND THE TEXAS DEPARTMENT OF HEALTH. I ACKNOWLEDGE THAT INSPECTION OF THE SEWAGE SYSTEM IS REQUIRED PRIOR TO ALL COMPONENTS BEING COVERED TO REQUEST INSPECTION. A FORTY-EIGHT (48) HOUR ADVANCE NOTICE MUST BE GIVEN TO THE PERMIT DEPARTMENT AT 281-489-0630.

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

APPLICANT SIGNATURE

\_\_\_\_\_

(PROPERTY OWNER)

DATE

CITY OFFICIAL SIGNATURE

\_\_\_\_\_

DATE