

**Grayson County Health Department**  
**OSSF Division**  
100 W. Houston, Ste. G1, Sherman, TX 75090  
903-813-4253 Phone ~ 903-813-1412 Fax

**GRAYSON COUNTY OSSF PERMITTING REQUIREMENTS**

1. No application will be accepted without a **CURRENT 911 ADDRESS & PROPERTY ID NUMBER.**  
This ID number can be found on your tax statement.
2. Select a licensed site evaluator or a licensed professional engineer to perform a site evaluation to determine what type system the proposed property can utilize. ( a list of site evaluators is available on the TCEQ website:  

**[http://www2.tceq.texas.gov/lic\\_dpa/index.cfm](http://www2.tceq.texas.gov/lic_dpa/index.cfm)**
3. If the site evaluation determines that the proposed site can utilize a standard (conventional system), either the property owner or the installer may submit a design.
4. If the site evaluation determines the site is unacceptable for a conventional system, a non-standard or proprietary system must be designed by a registered professional engineer or a registered sanitarian.
5. For a proprietary system, purchase and installation include a two (2) year maintenance contract, in which a copy must be provided to the property owner and this office at the time the application is filed. Thereafter, a new contract must be purchased thirty (30) days prior to the current contract's expiration for the life of the system. This office must always be provided a copy of each new contract.
6. The **property owner** must also complete and file with the County Clerk's office an "Affidavit to the Public" stating the property supports an aerobic system and the owner is aware of and agrees to the requirements stated therein. (Failure to allow these regulations will lead to fines and penalties as allowed by the State of Texas and Grayson County)
7. Filing fee for the "Affidavit to the Public" is \$16.00 for the first page and \$4.00 for each additional page – payable to the **GRAYSON COUNTY CLERK.**
8. All applicable paperwork for each system must be completed in its entirety and submitted with the permit fee. (The permitting process can take place from five (5) to seven (7) days.
9. ***Application & Inspection fee for a conventional system is \$250.00 payable to GRAYSON COUNTY.***  
*(If this application has a Maintenance Contract with it, there will be the additional \$20 filing fee)*
10. DO NOT start construction until you receive the "Authorization to Construct". The authorization to construct can be verbal verification or forwarded in the mail. Please include a **CURRENT MAILING ADDRESS** on the application.
11. Once construction is complete, this office must be contacted at least **1 (One) Working Day** in advance for a final inspection.
12. The certificate of approval will be mailed to property owner upon approval of installation. \*\* Note\*\* - this certificate will not be issued if we have not received the maintenance contract on an aerobic system.

***All new facilities or alterations to existing facilities must be in compliance with State and County OSSF rules. The primary purpose of these rules is to establish minimum acceptable standards for construction and operating On-Site Sewage Facilities (OSSF's)***



**GRAYSON COUNTY OSSF PROGRAM APPLICATION**

100 W. HOUSTON ST. - SUITE G1

SHERMAN, TX 75090

(903) 813-4253 Fax: (903) 813-1412

1. PROPERTY OWNER'S NAME: \_\_\_\_\_
2. CURRENT MAILING ADDRESS: \_\_\_\_\_
3. DAYTIME PHONE NO: \_\_\_\_\_ ALT. NO: \_\_\_\_\_
4. 911 SITE ADDRESS: \_\_\_\_\_  
PROPERTY ID #: \_\_\_\_\_
5. LEGAL DESCRIPTION: Sec. \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Plat Date: \_\_\_\_\_  
SUBDIVISION NAME: \_\_\_\_\_ VOL. /PG: \_\_\_\_\_  
OTHER THAN SUBDIVISION: Acreage: \_\_\_\_\_ Survey Name: \_\_\_\_\_  
Date Purchased: \_\_\_\_\_
6. SOURCE OF WATER: \_\_\_ private well \_\_\_ Public Water Supply \_\_\_\_\_  
\* Do you have water savings devices: yes or no (Name of Supplier)
7. SINGLE FAMILY RESIDENCE: No. of Bedrooms: \_\_\_\_\_ Living Area (sq. ft) \_\_\_\_\_  
No. of Occupants: \_\_\_\_\_
8. COMMERCIAL/ INSTITUTIONAL (including multi-family residences) TYPE: \_\_\_\_\_  
NO. OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_
9. SITE EVALUATOR: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_  
PHONE NO: \_\_\_\_\_
10. INSTALLER: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_  
PHONE NO: \_\_\_\_\_
11. REGISTERED SANITARIAN: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_  
PHONE NO: \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to Grayson County and their agents or designees to enter upon the above described property for the purpose of inspection of the On-site Sewage Facility. I also understand that I must apply for a new 911 address for each new installation.

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Date)

*For Office Use Only:*

OSSF PERMIT NUMBER: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

AEROBIC \_\_\_\_\_ AFFID FILED \_\_\_\_\_

STANDARD \_\_\_\_\_ CONTRACT \_\_\_\_\_

# GRAYSON COUNTY

## SITE EVALUSTION AND PLANNING MATERIALS FOR AN ON-SITE SEWAGE FACILITY

The following information must be submitted with the design package for review by GRAYSON COUNTY.  
Failure to include or address all of the following items may result in approval delays.

PERMIT #: \_\_\_\_\_

Applicant/Site Information		Site Evaluator Information	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Phone No.		Phone No.	
County		License No.	

Additional information:

**SITE EVALUATION:** A minimum of two soil borings or backhoe pits must be excavated at opposite ends of the proposed disposal area. The borings or pits must be excavated to a depth of two feet below the proposed excavation, or to a restrictive horizon, whichever is less. The boring or pit locations must be indicated. This report shall include a groundwater evaluation, a surface drainage analysis, and all applicable minimum separation requirements.

**PLANNING MATERIALS:** The proposed treatment and disposal system shall be prepared based on the site evaluation. The submittal requirements must include the following details.

- A scale drawing of the on-site sewage facility, showing all structures served.
- Submittals prepared by a professional engineer or professional sanitarian must be sealed, dated, and signed.
- Proposed designs must comply with all separation distances identified in Table X (note easements, etc.).
- A sectional view of the tanks, including pump tanks, and excavations must be submitted.
- All applications must include a certified copy of the most recent plat for this parcel.

Soil Boring/Backhoe Pit Number _____						
Depth (Feet)	Soil Class	Gravel Analysis	Restrictive Horizon	Groundwater	Topography	Flood Hazard
0						
1						
2						
3						
4						
5						
6						
7						

Soil Boring/Backhoe Pit Number _____						
Depth (Feet)	Soil Class	Gravel Analysis	Restrictive Horizon	Groundwater	Topography	Flood Hazard
0						
1						
2						
3						
4						
5						
6						
7						

**Schematic of Lot or Tract / Site Drawing**

Scale: 1 inch = 50 feet/or appropriate

I certify that the results of this report are based on my site observations and are accurate to the best of my ability.

Signature: \_\_\_\_\_  
(Site Evaluator)

Date:



**GRAYSON COUNTY OSSF PROGRAM**  
**100 W. Houston St. – Suite G1**  
**Sherman, TX 75090**  
**PHONE: 903-813-4253 FAX: 903-813-1412**

**AFFIDAVIT TO THE PUBLIC**

COUNTY OF GRAYSON  
STATE OF TEXAS

PERMIT: \_\_\_\_\_

ACCORDING TO TEXAS COMMISSION ON ENVIRONMENTAL QUALITY FACILITIES, THIS DOCUMENT IS FILED IN THE DEED RECORDS OF GRAYSON COUNTY, TEXAS.

HOMEOWNER: \_\_\_\_\_

911 ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ PROPERTY ID: \_\_\_\_\_

The Texas Health and Safety Code, Chapter 366 authorizes the TCEQ to regulate on-site sewage facilities (OSSF's). 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 power and duties under TWC. The TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires the owners to provide notice to the public that certain types of OSSF's 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 representation 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.

An OSSF requiring routine maintenance, according to 30 Texas Administrative Code §285.91 (12) will be or has been installed on the property described above. This OSSF must be covered by a continuous maintenance contract for the first twenty-four (24) months of operation. All maintenance on this OSSF during this period must be performed by an approved maintenance company, and a signed maintenance contract must be submitted to the Grayson County Planning Department prior to issuance of a Permit to Operate. A copy of a new maintenance contract must be provided to the Grayson County Planning Department at least thirty (30) days before the current contract expires.

An OSSF must have a provision for continuing maintenance from an approved maintenance company or an owner who has received training and certification for the life of the system. The owners who maintain OSSF systems must receive a minimum of six (6) hours of training from a TCEQ approved class and agree to submit test results three times per year as required by 30 Texas Administrative Code §285.91 (4). Only those owner occupied single-family units maybe maintained by the owner.

The owner will, upon any sale or transfer of the above-described property, request a Change of Ownership form for the OSSF to the Buyer or New owner. A copy of the planning materials for the OSSF can be obtained from Grayson County Planning Department.

WITNESS MY HAND THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Property Owner

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

By \_\_\_\_\_  
Printed Property Owners Name

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