

# 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

Single Family Conventional &  
Low Pressure Dosing Systems  
\$410.00\*

Commercial & Non-Single  
Family Residential Systems  
\$660.00\*

Aerobic Systems  
\$560.00\*

\*Base price + \$100.00 Design Review Fee

- ✓ Obtain an application from the Milam County Health Department.
- ✓ Have appropriate individual (Registered Sanitarian, Professional Engineer, or Licensed Installer) 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.** Include the appropriate fee and a copy each of the following: **1)** planning materials and **2)** site and soil evaluation.
- ✓ Accurate directions to the site.
- ✓ All fees must be paid by cash, personal check, cashier's check or money order made payable to Milam County Health Department.
- ✓ Plans and application will be reviewed by Milam County Health Department's designated representative. Non-standard system plans may be reviewed by the Texas Commission on Environmental Quality (TCEQ).
- ✓ Upon approval an ***Authorization to Construct (ATC)*** will be issued. The ATC is valid for one year from the date of issuance.
- ✓ Construction, alteration, repair or extension can not begin until you receive an ATC.
- ✓ After a successful inspection, a ***Notice of Approval*** will be issued to the owner.

**NOTE:** A re-inspection fee of \$100.00 must be paid by the installer each time a system must be re-inspected and before the ***Notice of Approval*** will be issued.

New Installation **MILAM COUNTY HEALTH DEPARTMENT**

Tank Replacement **209 SOUTH HOUSTON ST.**

Drain field-Repair/Replace **CAMERON, TEXAS 76520**

Repair **Phone: (254) 697-7039 Fax: (254) 697-4809**

**APPLICATION FOR ON-SITE SEWAGE FACILITY**

M.C.H.D. USE ONLY

APPLICATION NO.

DATE RECEIVED

AMOUNT

**Fee must be paid by cash, check or money order made payable to: Milam County Health Department**

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

2. PERMANENT MAILING ADDRESS: \_\_\_\_\_

3. DAYTIME PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

4. 911 SITE ADDRESS: \_\_\_\_\_

5. LOT/TRACT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ RECORD SET: \_\_\_\_\_ VOL: \_\_\_\_\_ PAGE: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT SIZE/ACREAGE: \_\_\_\_\_

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<sup>2</sup>): \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: \_\_\_\_\_

NO. OF EMPLOYEES / OCCUPANTS / UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_

10. INSTALLER: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

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

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

**PROFESSIONAL DESIGN REQUIRED?**  Yes  No If yes, professional design attached?  Yes  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 USEAGE RATE: Q= \_\_\_\_\_ (gallons/day) WATER SAVING DEVICES:**  Yes  No

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

A. • SIZE REQUIRED: \_\_\_\_\_ • SIZE PROPOSED: \_\_\_\_\_

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

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

B.  OTHER: \_\_\_\_\_

(Please attach description)

**IV. DISPOSAL SYSTEM: TYPE:** Gravel \_\_\_\_\_ 8" Gravel less \_\_\_\_\_ LPD \_\_\_\_\_ ET \_\_\_\_\_

Leaching Chamber \_\_\_\_\_ Surface Irrigation \_\_\_\_\_ Other \_\_\_\_\_

• AREA REQUIRED: \_\_\_\_\_ • AREA PROPOSED: \_\_\_\_\_

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 to enter the above described property for the purpose of lot evaluation and inspection of on-site sewage facility. I understand that a permit to operate the facility will be granted following successful inspection of the installed system which indicates the system is installed in compliance with TCEQ's On Site Sewage Facility Rules, TAC 30, Chapter 285.

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

\_\_\_\_\_  
(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. **Two copies of the test results and the drawing** must be enclosed. The following information must 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 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 (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:** **Two copies of the construction drawing** must be enclosed and include the following information:
  - A. A detailed, legible site plan with boundary description (Aerobic systems require scale drawing, 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).
  - D. A cross section of the excavation must be included.
  - E. All water wells on the site and neighboring properties must be identified and located on the site plan.
  - F. Easements and bodies of water (lakes, watercourses, etc.) must be identified.
  - G. All separation distances identified in Table X must be shown.



**THE COUNTY OF MILAM  
STATE OF TEXAS**

**AFFIDAVIT**

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities (OSSFs) 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 owners 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 record 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 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):

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

Any OSSF using an aerobic treatment shall have a maintenance contract on that system. All contracted maintenance of an OSSF using aerobic treatment shall be conducted by a certified maintenance provider. There shall be no homeowner or property owner maintenance of an OSSF using aerobic treatment unless the property owner/homeowner is a certified maintenance provider for that aerobic treatment unit.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF may 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 \_\_\_\_\_, \_\_\_\_\_

BY \_\_\_\_\_.

Name of homeowner(s)

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

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

\_\_\_\_\_  
Notary Commission Expiration



# MILAM COUNTY HEALTH DEPARTMENT



209 SOUTH HOUSTON  
CAMERON, TEXAS 76520

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

## Dear Housing Industry Professionals,

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 a designated representative of 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.

As of January 1, 2016, the following permitting fees (including \$100.00 design review fee) for Septic Systems in Milam County are:

- \$410.00\* for Conventional and Low Pressure Dosing Systems
- \$660.00\* for Commercial and Non-Single Family Residential Systems
- \$560.00\* for all Aerobic Systems

Contact us for a list of certified professionals and options available to you. Violation of the Texas Commission on Environmental Quality rules adopted by Milam County may and can result in Civil and/or Criminal penalties.

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

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