



# Jack County OSSF Permit Process

(DO NOT START OSSF CONSTRUCTION WITHOUT THE PROPER PAPERWORK)

Minimum Lot Size is 1 Acre with Public Water or 2 Acres with a Private Well per Single-Family Residence  
Texas information [www.tceq.state.tx.us](http://www.tceq.state.tx.us) County information/forms [www.jackcounty.org](http://www.jackcounty.org)

## PERMITTING PROCEDURES FOR YOUR ON-SITE SEWAGE FACILITY

### Conventional Septic Permit Information

- **Application (2 pages)**– all forms must be Jack County/TCEQ approved.
- **Site and Soil Evaluation** performed by a **Licensed Site Evaluator**. This will determine what kind of system can be installed.
- **Design of the system** to be installed to be done by a licensed **installer, sanitarian, or engineer**. Must be approved by Jack County.
- **A copy of the plat or copy of a land survey** with the legal description and lot size.
- **Fee for the permit** of \$360.00 payable in cash, check, or money order. (\$560.00 Commercial, multi-unit)

### Aerobic Septic Permit Information

- **Application** – all forms used must be our state-approved forms.
- **Site and Soil Evaluation** performed by a **sanitarian, engineer** or a **designated representative with a site evaluator** license. This will determine what kind of system can be installed.
- **Design of the system** to be installed. To be done by **sanitarian or engineer**. Must be approved by permitting department.
- **A copy of the plat or copy of a land survey** with the legal description and lot size.
- **Service contract** with a licensed maintenance provider. Must be signed by both parties, dated, and list the service provider's name, address, and phone number along with the homeowner's name, address, and phone number.
- **Affidavit to the public** a certified copy of the notarized affidavit **after** it has been filed in the County Clerk's office
- **Fee for the permit** of \$360.00 payable in cash, check, or money order.
  
- Upon receipt of the above items Jack County will:
  1. **Within thirty (30) days** approve or deny an application
  2. Problem resolution can take **up to thirty (30) days.**
  3. If the problem cannot be resolved and a **permit is denied** you will receive a **written denial**
  
- A permit will be issued using the following requirement guidelines:
  1. The State of Texas Health Laws as passed by the Texas Legislature
  2. The On-Site Sewage Facilities Laws as passed by the Texas Commission on Environmental Quality

The person requesting the permit will be responsible for checking on the status of the permit. Until approval has been confirmed through the Jack County no physical parts of a system may be installed.

If you have any questions or need additional information please contact:

JACK COUNTY JUDGE  
Monday through Friday, 8am to 5pm at  
100 N. Main St. Jacksboro, TX or call 940-567-2241  
[ossf@jackcounty.org](mailto:ossf@jackcounty.org)

# JACK COUNTY

## DEPARTMENT OF PUBLIC WORKS

100 N. Main Suite 206  
Jacksboro, Texas 76458  
(940) 567-2111 OR 940-567-2241  
FAX (940) 567-6441  
ossf@jackcounty.org

### APPLICATION FOR INSTALLATION OF ON-SITE SEWAGE FACILITY

(APPLICATION UPDATED 6/01/21)

NEW CONSTRUCTION

ALTER, EXTEND, OR REPAIR

PERMIT NO. \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

PERMANENT MAILING ADDRESS: \_\_\_\_\_  
Street/Box City Zip

TELEPHONE: \_\_\_\_\_  
Home Work Mobile

911 ADDRESS: \_\_\_\_\_  
Street/Box City Zip

LEGAL DESCRIPTION OF PROPERTY: (attach legal description) Acres \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Phase \_\_\_\_\_  
OR Abstract number \_\_\_\_\_ Survey Name \_\_\_\_\_

SOURCE OF WATER:  Private Well OR  Public Water from \_\_\_\_\_

SINGLE FAMILY RESIDENCE: Number of Bedrooms \_\_\_\_\_ Living Area (Sq. Ft.) \_\_\_\_\_

Has Water Saving Devices (WSD)?  YES  NO Maximum Daily Water Consumption (gpd): \_\_\_\_\_

COMMERCIAL/INSTITUTIONAL (Including multi-family residence) Type: \_\_\_\_\_

No. Employees/Occupants \_\_\_\_\_ Days Occupied Per Week \_\_\_\_\_ Shifts \_\_\_\_\_ Max. Daily Water Consumption (gpd): \_\_\_\_\_

DESIGNER: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ EXP DATE \_\_\_\_\_

SITE EVALUATOR: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ EXP DATE \_\_\_\_\_

INSTALLER: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ EXP DATE \_\_\_\_\_

INSTALLER'S PHONE NUMBERS: \_\_\_\_\_

I certify the above statements are true and correct to the best of my knowledge. Authorization is hereby granted to Jack County to enter upon the above-described private property for the purpose of lot evaluation and inspection of on-site sewage facilities. I understand approval of this application constitutes authorization for construction of the on-site sewage facility and that a permit to operate the facility will be granted following a successful inspection of the installed system which indicates that the system was installed in compliance with Jack County's "Construction Standards for On-Site Sewage Facilities".

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

ON-SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR PERMIT

PROFESSIONAL DESIGN REQUIRED:  Yes  No If yes, professional design attached:  Yes  No

Design Name: \_\_\_\_\_ License Type & No: \_\_\_\_\_

Phone No: \_\_\_\_\_ Other No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I. TYPE AND SIZE OF PIPING : (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(S):

A:  Septic Tank  Aerobic Unit

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

Size Proposed: \_\_\_\_\_ (gal) Manufacturer: \_\_\_\_\_

Material: \_\_\_\_\_ Model #: \_\_\_\_\_

Pretreatment Tank:  Yes  No  NA Size: \_\_\_\_\_ (gal)

Pump/Lift Tank  Yes  No  NA Size: \_\_\_\_\_ (gal)

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

IV: DISPOSAL SYSTEM

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

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

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 Applicable)

**DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT  
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.**

**SIGNATURE OF INSTALLER OR DESIGNER: \_\_\_\_\_ DATE: \_\_\_\_\_**

# **\*\*SITE EVALUATION REPORT\*\***

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

APPLICANT'S NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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

SITE 911 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PHASE: \_\_\_\_\_

OR ABSTRACT#: \_\_\_\_\_ SURVEY NAME: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

N

## **SITE EVALUATION RESULTS:**

### **SITE ANALYSIS:**

TOTAL SITE AREA: \_\_\_\_\_ ACRES  
PROPOSED DEPTH OF OSSF EXCAVATION: \_\_\_\_\_ FEET  
RESTRICTIVE HORIZON PRESENT: \_\_\_\_\_  
DEPTH TO RESTRICTIVE HORIZON: \_\_\_\_\_ FEET  
PRESENCE OR EVIDENCE OF GROUNDWATER: \_\_\_\_\_

EXISTING OR PROPOSED WELL WITHIN 100 FEET? \_\_\_\_\_  
EST. SLOPE (%) IN OSSF AREA \_\_\_\_\_  
PRESENCE OF NEARBY PONDS, STREAMS, DRAINAGE WAYS \_\_\_\_\_  
IS THE PROPOSED OSSF IN FEMA 100 YEAR FLOODPLAIN? \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

### **SOIL ANALYSIS:**

#### **TEST#1**

DEPTH (FEET)	SOIL TYPE (USDA)	SOIL CLASS (I THRU IV)	SOIL STRUCTURE (CLASS III)	SUITABLE?

#### **TEST#2**

DEPTH (FEET)	SOIL TYPE (USDA)	SOIL CLASS (I THRU IV)	SOIL STRUCTURE (CLASS III)	SUITABLE?

### **OVERALL SITE SUITABILITY:**

SOIL CRITERIA: SUITABLE OR UNSUITABLE

SITE CRITERIA: SUITABLE OR UNSUITABLE

### **COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTESTED BY: \_\_\_\_\_ OF \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_

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

HOME PHONE#: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

# AS-BUILT DESIGN

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

**SITE ADDRESS:** \_\_\_\_\_

**SEPTIC TANKS:** NUMBER OF TANKS: \_\_\_\_\_  CONCRETE  FIBERGLASS  OTHER: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ TOTAL CAPACITY: \_\_\_\_\_ GALLONS

**EFFLUENT DISPOSAL:**

EVAPOTRANSPIRATION BEDS  
 EZFLOW SYSTEMS

GRAVEL-LESS PIPE  
 LEACHING CHAMBERS

PUMPED EFFLUENT  
 STANDARD TRENCHES/BEDS

TRENCH LENGTH: \_\_\_\_\_ DEPTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ GRAVEL AMOUNT: \_\_\_\_\_

NUMBER OF ET BEDS:  TWO  THREE  OTHER: \_\_\_\_\_

**WATER SOURCE:**  PUBLIC WATER or  PRIVATE WATER WELL

**(\*\*SHOW ALL SETBACKS, WATER LINES, WELLS, GAS LINES, ELECTRIC LINES, ETC\*\*)**



**DESIGNED BY:** \_\_\_\_\_ **LICENSE:** \_\_\_\_\_ **EXP:** \_\_\_\_\_

**THE COUNTY OF JACK  
STATE OF TEXAS**

**AFFIDAVIT TO THE PUBLIC  
CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

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

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 give 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 owners 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 that 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 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:

\_\_\_\_\_

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company, and a signed maintenance contract must be submitted to Jack County Public Works 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 Jack County Public Works.

WITNESS MY/OUR HAND (S) on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

\_\_\_\_\_  
Title

SWORN TO AND SUBSCRIBED BEFORE ME on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_  
(Owner's printed name)

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