



**Town of Double Oak**  
APPLICATION FOR ON-SITE SEWAGE FACILITY  
NEW CONSTRUCTION \$500.00  
REPAIR OR MODIFICATION \$300.00

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

1. PROPERTY OWNER(S) NAME: \_\_\_\_\_
2. CURRENT MAILING ADDRESS: \_\_\_\_\_
3. DAYTIME TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_
4. 911 SITE ADDRESS: \_\_\_\_\_
5. LEGAL DESCRIPTION: Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Plat Date: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_  
OTHER THAN SUBDIVISION: ACREAGE: \_\_\_\_\_ SURVEY NAME: \_\_\_\_\_  
ABSTRACT NAME/NUMBER: \_\_\_\_\_
6. PHYSICAL LOCATION/DIRECTIONS TO SITE: \_\_\_\_\_  
\_\_\_\_\_
7. SOURCE OF WATER: \_\_\_\_\_ Private Well \_\_\_\_\_ Public Water Supply \_\_\_\_\_
8. SINGLE FAMILY RESIDENCE: Number of Bedrooms: \_\_\_\_\_ LIVING AREA FT<sup>2</sup> \_\_\_\_\_
9. COMMERCIAL/ INSTITUTIONAL (Including multi-family residences) TYPE: \_\_\_\_\_  
NUMBER OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK \_\_\_\_\_
10. SITE EVALUATOR: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_
11. DESIGNER: \_\_\_\_\_ LICENSE NUMBER (PE or RS): \_\_\_\_\_
12. INSTALLER: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

**I hereby certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Town of Double Oak to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.**

*If you have questions about how to fill out this form, or about the on-site sewage facility program, please contact the Town of Double Oak at 972-539-9464. Individuals are entitled to request and review their personal information that the Town of Double Oak gathers on its forms. They may also have any errors in their information corrected.*

\_\_\_\_\_  
(SIGNATURE OF OWNER)

\_\_\_\_\_  
(DATE)



# Town of Double Oak

## TECHNICAL INFORMATION FOR ON-SITE SEWAGE FACILITY

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

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

PROPERTY OWNERS NAME: \_\_\_\_\_ COUNTY: DENTON

**PROFESSIONAL DESIGN REQUIRED?** Yes \_\_\_ No \_\_\_

**If yes, professional design attached?** Yes \_\_\_ No \_\_\_

**I. SEWER (House Drain):**

TYPE AND SIZE OF PIPE: \_\_\_\_\_ SLOPE OF SEWER PIPE TO TANK: \_\_\_\_\_

**II. DAILY WASTEWATER USAGE RATE: Q= \_\_\_\_\_ (GALLONS PER DAY)**

Wastewater 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 NUMBER: \_\_\_\_\_

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

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

(Please attach description)

**IV. DISPOSAL SYSTEM:**

TYPE: \_\_\_\_\_

Area Required: \_\_\_\_\_ Area Proposed: \_\_\_\_\_

**V. ADDITIONAL INFORMATION:**

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

A. \_\_\_ SOIL/SITE EVALUATION

B. \_\_\_ PLANNING MATERIALS

**THE ATTACHED CHECKLIST DETAILS THOSE ITEMS THAT MUST BE ADDRESSED UNDER EACHY OF THESE CATEGORIES.**

\_\_\_\_\_  
(SIGNATURE OF DESIGNER)

\_\_\_\_\_  
(LICENSE NUMBER)

\_\_\_\_\_  
(DATE)



**Town of Double Oak**  
**CHECKLIST FOR ON-SITE SEWAGE FACILITY**  
**NEW CONSTRUCTION**

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

**The following information must be included with the design package for review by the Town of Double Oak Designated Representative. Failure to include or address all of the following items may result in approval delays.**

**A. 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 two 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 shall be included:**

1. \_\_\_\_ SOIL TEXTURE ANALYSIS. LIST THE TEXTURE TYPE.
2. \_\_\_\_ SOIL STRUCTURE ANALYSIS. LIST THE STRUCTURE TYPE.
3. \_\_\_\_ DEPTH OF TEST. (SOILS WITHOUT AT LEAST 24" OF SOIL BENEATH PROPOSED DRAINFIELD ARE UNSUITABLE).
4. \_\_\_\_ RESTRICTIVE HORIZON EVALUATION.
5. \_\_\_\_ GROUNDWATER EVALUATION.
6. \_\_\_\_ TOPOGRAPHY.
7. \_\_\_\_ FLOOD HAZARD.
8. \_\_\_\_ VEGETATION.
9. \_\_\_\_ EASEMENTS AND BODIES OF WATER. (LAKES, WATERCOURSES, ETC.) MUST BE IDENTIFIED.
10. \_\_\_\_ LOCATIONS OF ALL BUILDINGS (EXISTING OR PROPOSED).
11. \_\_\_\_ ALL SEPERATION DISTANCES IDENTIFIED IN TABLE X MUST BE SHOWN.
12. \_\_\_\_ ALL WATER WELLS ON THIS SITE AND NEIGHBORING PROPERTIES.

**B. PLANNING MATERIALS: TWO COPIES OF THE CONSTRUCTION DRAWING MUST BE ENCLOSED AND SHALL INCLUDE THE FOLLOWING INFORMATION:**

1. \_\_\_\_ A DETAILED, LEGIBLE SITE PLAN WITH BOUNDARY DESCRIPTION (AEROBIC SYSTEMS REQUIRE SCALE DRAWINGS, LEGAL DESCRIPTION OF THE LOT, AN AFFIDAVIT TO THE PUBLIC AND INITIAL TWO YEAR MAINTENANCE CONTRACT TO BE ATTACHED).
2. \_\_\_\_ THE LOCATIONS OF ALL BUILDINGS (EXISTING OR PROPOSED) ON THE SITE PLAN.
3. \_\_\_\_ THE SIZE AND LOCATION OF THE WASTEWATER TREATMENT UNITS AND DISPOSAL AREA (INCLUDE WIDTH AND DEPTH). A CROSS SECTION OF THE EXCAVATION MUST BE INCLUDED.
4. \_\_\_\_ ALL WATER WELLS ON THIS SITE AND NEIGHBORING PROPERTIES MUST BE IDENTIFIED AND LOCATED ON THE SITE PLAN.
5. \_\_\_\_ EASEMENTS AND BODIES OF WATER (LAKES, WATERCOURSES, ETC.) MUST BE IDENTIFIED.
6. \_\_\_\_ ALL SEPERATION DISTANCES IDENTIFIED IN TABLE X MUST BE SHOWN.



**Town of Double Oak**  
**AFFIDAVIT FOR ON-SITE SEWAGE FACILITY**  
**NEW CONSTRUCTION**

PERMIT NUMBER:

\_\_\_\_\_

According to the Town of Double Oak for On-Site Sewage (OSSF's) Facilities, this document must be filed in the Deed Records of Denton County, Texas.

**I.**

The Texas Health and Safety Code, Chapter 366 authorizes the Town of Double Oak to regulate on-site sewage facilities (OSSF's). Additionally, the Texas Water Code (TWC), §5.012 and § 5.013, gives the Town of Double Oak primary responsibility for implementing the laws of the State of Texas relating to water and adopting the rules necessary to carry out its powers and duties under the TWC. The Town, 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 OSSF's are located on specific pieces of property. To achieve this notice, the Town of Double Oak requires a recorded affidavit filed with Denton County. Additionally, the owner must provide proof of the recording to the OSSF permitting authority of Double Oak, Texas. This recorded affidavit is not a representation or warranty by the town of the suitability of this OSSF, nor does it constitute any guarantee by the town that the appropriate OSSF was installed.

**II.**

An OSSF requiring a Maintenance Contract, according to the 30 Texas Administrative Code §285.91 (12) will be installed on the property described as: \_\_\_\_\_.

The property is owned by: \_\_\_\_\_

The OSSF shall be covered by a continuous service agreement for the first two years. After the initial two-year service agreement, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days, or maintain the system personally.

Upon the 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 Town of Double Oak, 320 Waketon Road, Double Oak, TX 75077.

WITNESS BY HAND(S) 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: