

**Andrews County Health Department (ACHD)  
208 NW 2nd Street  
Andrews, Texas 79714**

**Checklist for completing application and septic system construction approval in Andrews County**

- 911 address
  
- Pick-up application packet
  
- Complete site evaluation
  
- Bring completed application and site evaluation to ACHD
  
- Pay permit fee at ACHD
  
- Receive ACHD approval to construct septic system
  
- Install septic system
  
- Call for septic system inspection
  
- ACHD mails final approval to owner

Andrews County Health Department (ACHD)  
208 NW 2 nd Street  
Andrews, Texas 79714

### **Procedure for obtaining an On-Site Sewage Facility Permit in Andrews County**

1. To obtain a septic system permit you must **present an Addressing Authority Receipt (911 address)**. Contact Mike Cook for the addressing authority receipt, phone number (432) 523-5545, located at Andrews County Sheriff's Department, 201 N. Main Street, Andrews, TX.
2. **Obtain a permit application packet** from the Andrews County Health Department (ACHD) or from ACHD's website:  
[http://cms2.revize.com/revize/andrewstexas/departemnts/onsite\\_septic\\_facility\\_ossf\\_inspection.php](http://cms2.revize.com/revize/andrewstexas/departemnts/onsite_septic_facility_ossf_inspection.php). A completed application is required for permit approval.
3. After obtaining the permit application package **complete the front page** and **hire a site evaluator**. A list of site evaluators is available on ACHD's website. Obtain a more complete list at: [www.tceq.com/compliance\\_support/license/olwe.html](http://www.tceq.com/compliance_support/license/olwe.html).
4. You must **obtain a site evaluation** from a TCEQ licensed site evaluator or Professional Engineer or Registered Sanitarian. The site evaluator must complete the site and soil evaluation pages of the application packet, sign and date, and provide license number. Include a GPS location of the septic tank in the application (recommend GPS at the location of tank lid or access riser). **No exceptions.**
5. After the site evaluation is done bring the completed permit application and site evaluation to the health department and pay the **permit fee, no exceptions**. The inspector will not collect fees in the field. **Fee schedule: \$ 250.00 Residential, \$ 500.00 Commercial, Re-inspection fee \$150.00, and research and copy fee \$25.00.**
6. **The installation process cannot begin until you receive approval from the health department.** The County OSSF officer (Designated Representative - DR) will review application forms and issue an Authorization to construct, via telephone, normally within 3 working days. If the DR denies the permit, he will notify the applicant by telephone with an explanation of denial. Incomplete forms and missing information can delay the approval process.
7. **Commercial Installations** require a **professional design** by a Professional Engineer or Registered Sanitarian and a **licensed professional installer**. The owner cannot install a commercial system. **No Exceptions.**
8. The homeowner may install a septic system on their own homestead only. If it isn't your residence, you must hire a licensed installer. Rental property is considered commercial property and requires a professional design and installer.
9. If a professional installer is to construct the system, include the installer's name, license number, and phone number on the permit application.
10. In the application include a clearly legible diagram of property, showing buildings, dwelling, driveways, tank, drain fields, water lines, wells, property lines, etc. Also show neighboring property wells, if drain fields or tank are within 100 feet of your property line.
11. Upon completion of system installation, **do not cover the system**, the property owner or installer must **notify the OSSF Inspector** (Designated Representative - 524-1434) and **set up** an appointment for an inspection. ACHD requires at least 24 hour notice prior to inspection.

Note\* for final inspection, fill the tank to operating level with water. Do not cover the top of tank, panels, draw pipe and beds. Must have clearly visible access riser with a secure top if tank lid is greater than 12 inches below ground surface. Failure to leave system uncovered for inspection can result in delay or denial of Authorization to Operate system.

Prior to inspection, property owners must have 911 address signage posted on location. Andrews County ordinance requires numbers to be minimum of 5 inches in height and visible from the opposite side of the road. Numbers must be on contrasting background (black on white, etc).

The DR conducts all inspections. If a system does not pass inspection, the DR provides you an explanation of non-complaint areas and schedules a re-inspection. Permit applications are valid for 12 months. Systems not completed within the initial 12 month period, must pay a new permit fee. An additional fee is assessed if a system requires more than one re-inspection. Once the septic system is installed and inspected, the permit becomes valid and no additional renewal is required unless you change or modify the system. Modifications and emergency repairs require paying an additional re-inspection fee.

Jorge Martinez, RS  
Designated Representative  
TCEQ License # OS0029597  
432 524-1434

**NOTE**

Failure to follow these rules and procedures can result in fines and penalties. Texas Health and Safety Code, Chapter 366 Title 30, Texas Administrative Code Chapter 285, OSSF.

# OSSF Application Packet

Permit # \_\_\_\_\_

Tracking # \_\_\_\_\_

Questions about how to Return completed form to:  
complete this form?

Andrews County Health  
Department

Call Jorge Martinez RS  
432-524-1434

208 NW 2nd Street  
Andrews, TX 79714

## Property Owner's Information

Property Owner's First Name	Property Owner's Last Name
Business Name (For Commercial Systems)	

Mailing Address			E-mail Address
City	State	Zip Code	Primary Phone Number
			(     )     -

## Property Information

Property Address

City	State	Zip Code	Lot Size
Type of Property			

Subdivision

Township

Subdivision Name		Township	
Block	Lot	Section	Block
Other Legal Information for Subdivision Location		Other Legal Information for Township Location	

Type of Use for System

Single Family Residence (\$250.00)

Commercial Institution (\$500.00/system)

Type of Residence		Type of Commercial Business		
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Site Built Home	<input type="checkbox"/> Office	<input type="checkbox"/> RV Park	<input type="checkbox"/> Mobile Home Park
<input type="checkbox"/> Single RV		<input type="checkbox"/> Shop		
		<input type="checkbox"/> Other _____		
Number of Bedrooms	Living Area in Square Feet	Number of Employees	Number of Spaces	Other

Source of Water

Private Water Well

Public Water Supply

Pressure Cemented Well with Documentation	Name of Supplier
<input type="checkbox"/> Yes <input type="checkbox"/> No	

FOR DEPARTMENT USE ONLY

Date Received

# System Information

**Reason for Application**

Installing New System

Replacing Existing System

**Type of Treatment System**

Septic Tank     Aerobic     Other

Yes     No

**Type of Disposal System**

Leaching Chamber

Soil Substitution

Trench     Bed

Bed     Trench

Surface Application

Other \_\_\_\_\_

Maximum GPD	Number of Tanks	Size of Tanks in Gallons	Number of Panels	Panel Length in Feet

Variance Needed	Describe Reason for Variance
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____

Site Evaluator's Name	TCEQ License Number	Phone Number
		(    )    -

Installer's Name	TCEQ License Number	Phone Number
		(    )    -

Designer's Name	Texas License Number	Phone Number
		(    )    -

**Designer's Stamp of Approval**

I certify that I have reviewed the planning materials within this OSSF Application Packet and that they are in compliance with the commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

**Certification**

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

Owner's Signature	Date of Signature

FOR DEPARTMENT USE ONLY

Date Received

## **DRAIN FIELD CALCULATION**

ABSORPTIVE AREA (A) = Q/Ra, where Q is the wastewater usage rate in gallons per day, Ra is the soil application rate in gallons per square foot per day.

Rock & Pipe-  $A = (L \times W) + 2 (L+W) \times 1.0 \text{ ft}$

Gravel-less pipe-  $L = A/(W+2)$ , determine appropriate drain field sizing, use a drain field width of  $W = 2.0$  feet for an eight-inch diameter gravel-less pipe, and an excavation width of  $W = 2.5$  for a ten-inch gravel-less pipe.

ET-  $A = 1.6 Q/Ret$ , Ret-net local evaporation rate in §285.91(7)TAC Ch 285

Leaching chambers:

w/o water saving devices  $L = 0.6A/(W+2) = \underline{\hspace{1cm}}$  / length of panels =  $\underline{\hspace{1cm}}$  # of panels

w water saving devices  $L = 0.75A/(W+2) = \underline{\hspace{1cm}}$  / length of panels =  $\underline{\hspace{1cm}}$  # of panels

**\*\*NOTE: Do not multiply by .6 or .75 if doing a soil substitution\*\***

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Show Calculations **\*\*Note: All calculations must be shown from beginning to end\*\***

**ANDREWS COUNTY OSSF PERMIT APPLICATION  
ON-SITE WASTEWATER SYSTEMS CHECKLIST**

**APPLICATION Permit #:** \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ COUNTY: Andrews

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

**SITE EVALUATION:** Use at least two soil borings/backhoe pits taken from opposite ends of the drain field, and excavated to a depth of 2 feet BELOW the proposed trench, or to a restrictive horizon whichever is less. Record the test results from both sites and include a drawing of the OSSF system.

Include the following information:

- A. Soil texture analysis. List the texture type:
- B. Soils structure analysis. List structure type:
- C. Depth of test. (Soils without at least 24" of suitable soil beneath the proposed drain field will 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.

**PLANNING MATERIALS:** Enclose **a copy of the OSSF plan drawing** and include the following information:

- A. A detailed, legible site plan with boundary description (Aerobic Systems require scale drawings, legal description of the lot, and attach the Affidavit to the Public, and Maintenance Agreement).
- 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 and depth). Include a cross section of the excavation.
- D. Identify and provide location of all water wells on this site and neighboring properties.
- E. Identify easements and bodies of water (lakes, watercourses, etc.).
- F. Show all separation distances (setbacks) identified in Table X.

**ANDREWS COUNTY HEALTH DEPARTMENT  
OSSF SOIL EVALUATION FORM**

**APPLICATION Permit #:** \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Name of Site Evaluator: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Date Performed: \_\_\_\_\_ Proposed Excavation Depth: \_\_\_\_\_

Perform at least two soil evaluations at the site, at opposite ends of the proposed disposal area. Please show the results of each soil evaluation on a separate table. Show the locations used for the soil evaluations on the site drawing.

For subsurface disposal, perform soil evaluations at a depth of 2 feet or more below the proposed excavation depth. For surface disposal, evaluate the surface horizon.

Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

Soil Boring Number _____					
Depth (ft)	Textural Class	Structure (if applicable)	Drainage Mottles/ Water Table	Restrictive Horizon	Comments
0 ---- --					
1 ---- --					
2 ---- --					
3 ---- --					
4 ---- --					
5 ---- --					
6 ---- --					
7 ----					



Soil Boring Number _____					
Depth (ft)	Textural Class	Structure (if applicable)	Drainage Mottles/ Water Table	Restrictive Horizon	Comments
0 ----					
--					
1 ----					
--					
2 ----					
--					
3 ----					
--					
4 ----					
--					
5 ----					
--					
6 ----					
--					
7 ----					

COMMENTS:

I certify that the above statements are true and are based on my own field observations.

\_\_\_\_\_  
 (Signature of Site Evaluator)

\_\_\_\_\_  
 (Phone Number)

**ANDREWS COUNTY HEALTH DEPARTMENT  
SITE EVALUATION**

**APPLICATION Permit #:** \_\_\_\_\_

DATE \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street or P.O. Box : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**PROPERTY LOCATION:**

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address \_\_\_\_\_

Unincorporated area or City \_\_\_\_\_

Additional Information \_\_\_\_\_

<p>Site Drawing</p> <ol style="list-style-type: none"><li>1. Show compass North. Adjacent streets/roads, direction of slope, property lines with footage.</li><li>2. Location of test holes (numbered); show distance from property line.</li><li>3. Location of existing or proposed wells.</li><li>4. Location of natural, constructed, or proposed drainage ways, water impoundment areas, cut or fill, tanks, buildings.</li><li>5. Additional information that may influence the function of the proposed system:</li></ol> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
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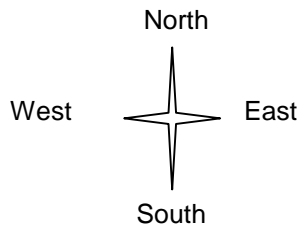
## MINIMUM SETBACK AND INSTALLATION REQUIREMENTS (IN FEET)

From:	To Tank	To Drainfield	Yes	No
1 Private Water Wells (Yours and Neighbors)	50	100	___	___
2 Public Water Wells	50	150	___	___
3 Water Lines	5	10	___	___
4 Property Lines	5	5	___	___
5 Streams and Ponds (including dry ones)	50	75	___	___
6 Sharp slopes (with tank supported)	0	25	___	___
7 Foundations	5	5	___	___
8 Easements	1	5	___	___
9 Soil Absorption System	5	20	___	___
10 Swimming Pools	5	5	___	___
11 All excavations are at least 3 feet apart?			___	___
12 All excavations are 150 ft. or shorter?			___	___
13 Will step downs be installed?			___	___

Use the attached sheet to sketch how you intend to install the septic system. You must indicate **NORTH** on the diagram and include the following:

1. Water well locations, both yours and the neighbors'
2. Proposed and existing structures
3. Fences and Easements
4. Proposed and existing water and service lines
5. Property lines
6. Length of all lines, solid and perforated
7. Existing and abandoned septic systems, cesspools, boreholes
8. Cleanouts: at foundation, at alignment changes, every 50 feet to tank
9. Distance from streams, ponds, lakes, and flood plain if applicable

Diagram Sheet



**All portions of the soil absorption field must be level.**

It is hereby stipulated and agreed by the undersigned, who is the applicant for such permit, that in consideration of the issuance of such permit, the said applicant will conform with all the provisions of Texas Construction Standard for Private Sewage Facilities, and with all orders that may be made from time to time by the Health Officer, and it is further stipulated and agreed that the Health Officer, or his representative, is granted permission to inspect the premises and system of the undersigned insofar as it pertains to the provisions of Texas Construction Standards for Private Sewage Facilities.

It is further agreed that an inspection by the Andrews Health Department must be made before backfill is done, and the permitting fee of \$250.00 for each residential permit or \$500.00 for each commercial permit will accompany this application for permit. This permit shall be valid for a period of one year.

Decisions and inspections relating to the installation of this septic system may be appealed by Administrative Hearing. Details may be obtained by contacting the Environmental Section of the Health Department.

If you are purchasing or refinancing this house, your mortgage company may require a certified water sample.

X \_\_\_\_\_  
Signature of Homeowner

**No inspection will be scheduled for 24 hours following receipt of application to allow sufficient review time.**

Date of approval \_\_\_\_\_

Approved by Designated OSSF  
Inspector \_\_\_\_\_

Installer notified to begin construction by:

Telephone     Office     Field    Date: \_\_\_\_\_

Directions to site address:

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

**Andrews County Health Department  
208 NW 2<sup>nd</sup> Street  
Andrews, Texas 79714**

**\*\*Must be filled out for inspection\*\***

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

Permit \_\_\_\_\_

Site Address: \_\_\_\_\_

Installer: \_\_\_\_\_

