

**TRAVIS COUNTY TRANSPORTATION AND NATURAL RESOURCES
DEPARTMENT
ON-SITE WASTEWATER PROGRAM**

**ADMINISTRATIVELY COMPLETE REVIEW LIST
FOR PROFESSIONALLY DESIGNED ON-SITE SEWAGE FACILITIES**

Owner's Name _____
Engineer or Sanitarian's Name _____
Property Address _____
(If address for a legal lot is not known, please contact 911 Addressing at 480-5467 or 480-5373)

If you are planning on installing a new on-site sewage facility or if you are modifying an existing system on your property, please provide the information listed below. Having a complete package will ensure the review process will run smoothly. We will need this information to consider the application package complete. Please include a copy of this checklist when you submit your application package. *Incomplete submissions will be returned.* Only administratively complete submissions will be accepted.

_____ New System _____ Modified System

- _____ A complete application for On-Site Sewage Facility Construction Permit and License, signed by the property owner, and the initial application fee.
- _____ Proof of property ownership must be submitted with application in the form of a warranty deed or tax record.
- _____ A locator map or written directions to the property.
- _____ A floor plan of the residence/establishment showing all rooms, including closets, with dimensions of the heated square footage.
- _____ A copy of a recorded plat of the property with all associated plat notes if the lot is one acre or less in size. (§285.4; §285.40 (e))
- _____ For surface irrigation, drip irrigation, aerobic treatment with disinfection, and evapotranspiration (ET) systems, a copy of the executed "Affidavit to the Public" after it has been filed with the County Clerk. (§285.7 (g); §285.33 (a) (2) (B), (b) (3) (C), (c) (5) (B) pages 5, 8, or 9)
- _____ If components of a system are on separate lots, a copy of the executed "Affidavit to the Public" after it has been filed with the county.
- _____ Two copies of a complete set of plans of the OSSF system, one of which bearing an original seal and signature by a licensed professional engineer or a registered sanitarian. Include the location of all buildings, existing or proposed.

- _____ A formal written request for any variances being requested, with a separate justification for each item. (§285.3 ©)
- _____ The site evaluation report for the property on the TNRCC form. (§285.30 (a)–(f) Page 10)
- _____ Clearly indicate setback features and distances on the plans (§285.91 (10))
- _____ Clearly indicate the location of all water wells within 150’ of the disposal area or within 50’ of any other system component. (§285.91 (10))
- _____ A statement from the designer that no part of the disposal area is within 10 feet of a potable water line.
- _____ If the regulated floodway or the 100-year floodplain are located within 100 feet of any OSSF system component, clearly show them on the plans. (§285.30(h))
- _____ A site plan showing the system layout with 2 feet contours for areas extending 25 feet upslope to 75 feet downslope from the disposal area, with 1 foot contours throughout the extent of the disposal area. (§285.30 (g))
- _____ Cross-section diagrams of the treatment unit(s) and all disposal areas.

In addition, please clearly mark at the site the street address in a manner visible from the road, along with the location of the profile holes, tanks, and disposal area corners.

NOTE: This list represents the minimum information necessary to begin the review process. During the review, other information may be required. The plan must clearly indicate that the proposed facility will meet the minimum requirements of the applicable rules, regulations, construction standards, and Department policy.

FOR TRAVIS COUNTY USE ONLY			
Date Performed _____			
Reviewed by _____	Date _____	Time _____	
Reviewed by _____	Date _____	Time _____	