



# REEVES COUNTY ROAD & BRIDGE

PERMITS DEPARTMENT  
PO BOX 111  
PECOS, TEXAS 79772  
OFFICE (432) 287-0500



## ON-SITE SEWAGE FACILITY APPLICATION

“REMOVE AND RETAIN THIS PAGE PRIOR TO RETURNING THE APPLICATION TO THE ABOVE ADDRESS”

**SINGLE FAMILY RESIDENTIAL FEE: \$210.00-----REINSPECTION FEE: \$100.00**

**MODIFICATION REVIEW FEE \$110.00**

**ALL OTHER TYPE SYSTEM FEE: \$410.00 -----REINSPECTION FEE \$200.00**

**MODIFICATION REVIEW FEE \$210.00**

1. Obtain an application from Reeves County Road and Bridge Permits Department.
2. Have Licensed Site Evaluator perform a site evaluation.
3. Submit complete 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:
  - A.) Site Evaluation
  - B.) Planning Materials
  - C.) Accurate directions to the site.
4. Plans and application will be reviewed by the Reeves County Designated Representative.
5. Upon approval an Authorization to Construct will be issued. The Authorization to Construct is valid for one year from the date of issuance.
6. During Construction, an inspection of the installation is required before covering of the system. Contact our office at least five (5) working days in advance to arrange an inspection.
7. After a successful inspection, a Notice of Approval will be issued to the owner within seven (7) calendar days.
8. **NOTE:** A re-inspection fee shall be one-half of the permit fee that was in effect at the time the original application was submitted to the office. All fees must be paid before a Notice of Approval will be issued.

ALL FEES ARE NON-REFUNDABLE AND SHALL BE PAID BY PERSONAL CHECK,  
CASHIER'S CHECK, OR MONEY ORDER \*\*\*NO CASH WILL BE ACCEPTED\*\*\*

**REEVES COUNTY PERMITS DEPARTMENT  
APPLICATION FOR ON-SITE SEWAGE FACILITY  
NEW CONSTRUCTION AND MODIFICATION**

NEW INSTALLATION

MODIFICATION

REPLACE EXISTING SYSTEM

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

(LAST)
(FIRST)
(MIDDLE)
2. PERMANENT MAILING ADDRESS: \_\_\_\_\_
3. OWNER'S EMAIL ADDRESS: \_\_\_\_\_
4. HOME PHONE NO.: (\_\_\_\_) \_\_\_\_\_ CELL PHONE NO.: (\_\_\_\_) \_\_\_\_\_
5. 911 SITE ADDRESS: \_\_\_\_\_ GPS COORDINATES: \_\_\_\_\_
6. LEGAL DESCRIPTION: SEC: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ OTHER: \_\_\_\_\_
7. SUBDIVISION: \_\_\_\_\_  
ACREAGE: \_\_\_\_\_ PLAT DATE APPROVED BY REEVES COUNTY COMMISSIONERS' COURT: \_\_\_\_\_  
PLEASE ATTACH PROOF OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY, OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION.
8. SOURCE OF WATER: PRIVATE WELL PUBLIC WATER SUPPLY: \_\_\_\_\_  
PRESSURE CEMENTED: NO YES, PROVIDE DOCUMENTATION (NAME OF SUPPLIER)
9. SINGLE FAMILY RESIDENCE: NO. OF BEDROOMS: \_\_\_\_\_ LIVING AREA(FEET): \_\_\_\_\_
10. COMMERCIAL/INSTITUTIONAL (including multi-family residences)TYPE: \_\_\_\_\_  
BUSINESS NAME / INSTITUTION NAME: \_\_\_\_\_  
PRINCIPAL NAME: \_\_\_\_\_ NO. OF EMPLOYEES/UNITS/RVs: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ PHONE NO.: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_
11. SITE EVALUATOR: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ PHONE NO.: (\_\_\_\_) \_\_\_\_\_
12. DESIGNER: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ PHONE NO.: (\_\_\_\_) \_\_\_\_\_
13. INSTALLER: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ PHONE NO.: (\_\_\_\_) \_\_\_\_\_

(\*\*All related fees are non-refundable and shall be paid by Personal Check, Cashier's Check, or Money Order. No Cash Accepted.\*\*)

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Reeves County Road and Bridge Permits Department to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility. A Notice of Approval will be issued to the owner to show the system was installed in compliance with TCEQ Commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

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

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

REEVES COUNTY PERMITS DEPARTMENT  
ON-SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR PERMIT

PERMIT# \_\_\_\_\_

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

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

Professional design required:     \_\_\_ YES     \_\_\_ NO

If yes, professional design attached:     \_\_\_ YES     \_\_\_ NO

**1. SEWER (House drain):**

Type and size of pipe: \_\_\_\_\_ Slope of sewer pipe to tank: \_\_\_\_\_

**2. DAILY WASTEWATER USAGE RATE: Q** \_\_\_\_\_ (gallons/day)

Water saving devices:     \_\_\_ YES     \_\_\_ NO

**3. TREATMENT UNIT:**     \_\_\_ SEPTIC TANK     \_\_\_ AEROBIC UNIT

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

Size Required: \_\_\_\_\_ Size Proposed: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Material/Model#: \_\_\_\_\_

Pretreatment Tank:     YES SIZE: \_\_\_\_\_     NO     NA

Pump/Lift Tank:     YES SIZE: \_\_\_\_\_     NO     NA

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

(Please Attach Description)

**4. DISPOSAL SYSTEM:**

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

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

**5. ADDITIONAL INFORMATION:**

**NOTE-THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED**

A. Site evaluation

B. Planning materials

**This attached checklist details those items that must be addressed under each of these categories.**

\_\_\_\_\_  
Designer's Signature

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Date

REEVES COUNTY PERMITS DEPARTMENT  
ON-SITE SEWAGE FACILITY CHECKLIST

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

PERMIT NO: \_\_\_\_\_

The following information must be included with the design package for review by the Reeves County Permits 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. A copy of the test results and the drawing must be enclosed. The following information shall be included:
  - A) Soil texture analysis. List the texture type: \_\_\_\_\_
  - B) Soil structure analysis. List the structure type: \_\_\_\_\_
  - C) Depth of test. (Soils without at least 24" of suitable soil beneath the proposed drain field depth 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) All separation distances identified in Table X must be shown
  - K) All water wells on this site and neighboring properties
  
2. **PLANNING MATERIALS:** A copy of the construction drawing must be enclosed and shall include the following information:
  - A) A detailed, legible site plan with boundary description (Aerobic systems require scaled drawings, legal description of the lot, an Affidavit to the Public, and Maintenance Agreement to be attached)
  - B) The location of all buildings and other features (existing or proposed) on the site plan.
  - C) The size and location of the wastewater treatment units and disposal area (include width & depth).
  - D) All water wells on this site and neighboring properties must be identified and located on the site plan.
  - E) Easements and bodies of water (lakes, watercourses, etc.) must be identified.
  - F) All separation distances identified in Table X must be shown.

**REEVES COUNTY PERMITS DEPARTMENT  
ON-SITE SEWAGE FACILITY  
SOIL EVALUATION REPORT INFORMATION**

Date Soil Survey Performed: \_\_\_\_\_

Site Location: \_\_\_\_\_

County: \_\_\_\_\_

Proposed Excavation Depth: \_\_\_\_\_

Name of Site Evaluator: \_\_\_\_\_

License Number: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

**REQUIREMENTS:**

At least two soil excavations must be performed on the site, at opposite ends of the proposed drain field area. Location of soil boring or dig pits must be shown on the site drawing.

For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

Depth (feet)	Texture Class	Soil Texture	Structure (For class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0-						
1-						
2-						
3-						
4-						
5-						

**SOIL BORING NUMBER**

Depth (Feet)	Texture Class	Soil Texture	Structure (For class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0-						
1-						
2-						
3-						
4-						
5-						

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

\_\_\_\_\_  
Signature of Site Evaluator

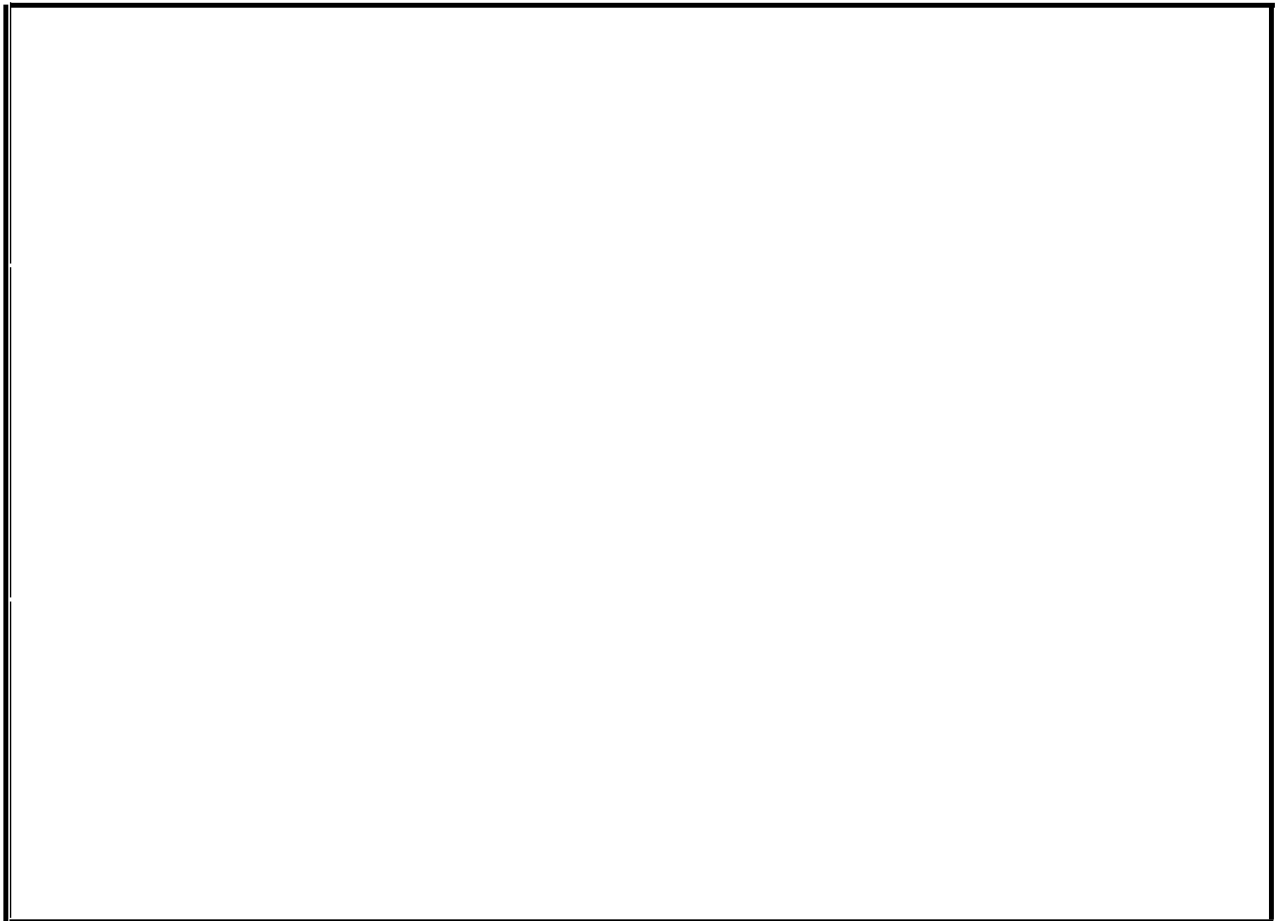
\_\_\_\_\_  
Date

# Schematic Lot or Tract

Show:

- \* Compass North, adjacent streets, property lines, property dimensions, location of buildings, utilities, easements, swimming pools, water lines, and other surface improvements where known (drainage, patios, sidewalks).
- \* Location of existing or proposed water wells within 150 feet of property.
- \* Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil absorption or irrigation area.
- \* Location of soil borings or dig pits (show location with respect to a known reference point)
- \* Location of natural, constructed, or proposed drainage ways, (streams, ponds, lakes, rivers, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size: \_\_\_\_\_ acres



## Features of Site Areas

Presence of 100 year flood zone	_____ YES	_____ NO
Presence of adjacent ponds, streams, water impoundments	_____ YES	_____ NO
Existing or proposed water well in nearby area	_____ YES	_____ NO
Organized sewage service available to lot or tract	_____ YES	_____ NO

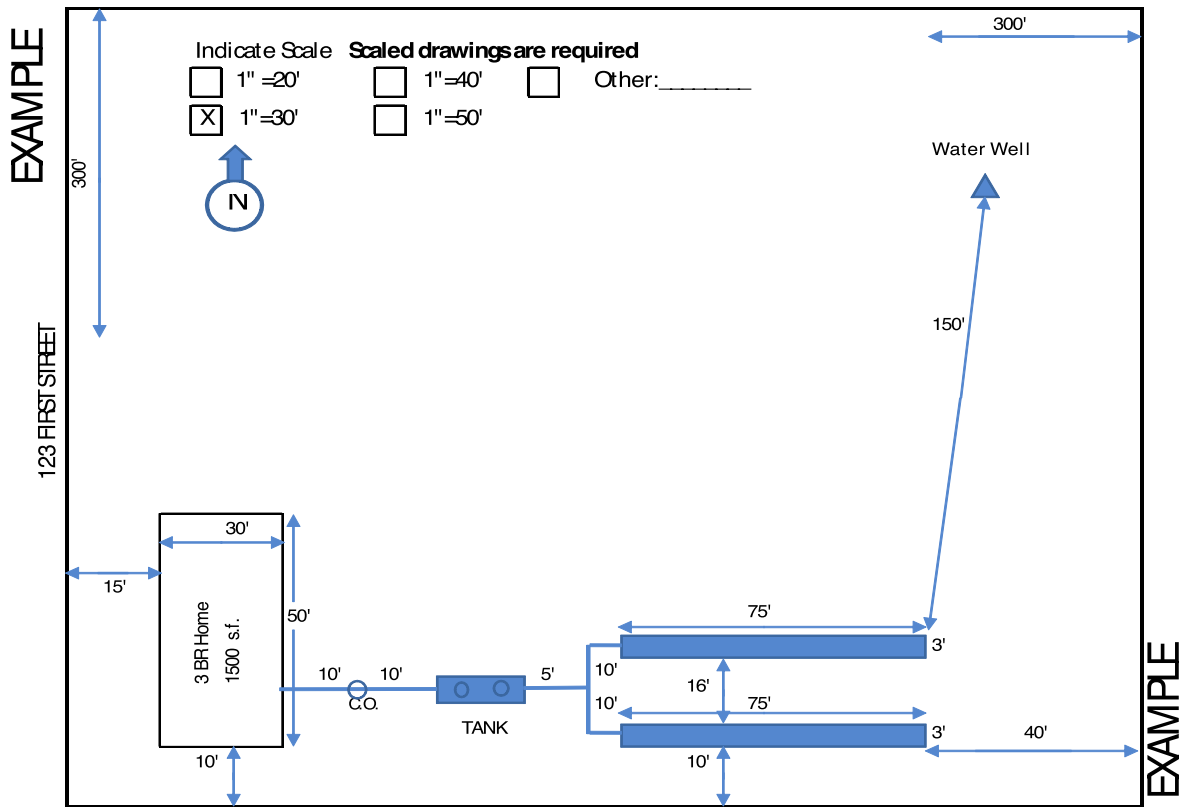
Site Evaluator: \_\_\_\_\_

# SCHEMATIC EXAMPLE OF TRACT OF LAND

SHOW: Detail plans of OSSF (Use a ruler with a pen or mechanical pencil)

Write legibly, do not crossout mistakes, draw 1 line through the mistake and initial it or redo the drawing.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Illustrate cleanout   | <input type="checkbox"/> Illustrate soil test sites | <input type="checkbox"/> Property dimensions (ft.) |
| <input type="checkbox"/> Lengths of all piping   | <input type="checkbox"/> Illustrate legend          | <input type="checkbox"/> Adjacent streets          |
| <input type="checkbox"/> Distance between trenches   | <input type="checkbox"/> Block numbers or streets   |  |
| <input type="checkbox"/> Length of trenches  |   |  |
| <input type="checkbox"/> Distance from site and adjoining water wells to site's proposed septic and drain field, within 300 feet.                                |   |  |
| <input type="checkbox"/> Distance from trench and septic tank to existing and proposed site structures (needs to be at least 5 feet).                            |   |  |
| <input type="checkbox"/> Distance to all property lines from existing and proposed site structures.  |   |  |
| <input type="checkbox"/> Locations and distances of all easements swimming pools, waterlines, other structures where known or proposed.                          |   |  |
| <input type="checkbox"/> Location of natural, constructed, or proposed drainage ways, water impoundment areas, cut or fill areas, sharp slopes, and breaks.      |   |  |
| <input type="checkbox"/> Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil adsorption or irrigation area. |   |  |



(Sewage flow) / (absorption rate) / (absorptive area) x (0.6(leaching chamber efficiency)) = Trench length

$\frac{Q}{Q}$	÷	$\frac{Pa}{Pa}$	÷	$\frac{AA}{AA}$	x	(0.6)	=	$\frac{L}{L}$
300		0.25		5			multiplied by 0.6** =	144 LF
145		5		29				1000
FT		length of panel		# of panel				1 acres

**Q** = Gallons per day (sewage flow)      **Pa** = Rate of absorption for soil class (Table I)  
**AA** = Absorption Area of soil (typically 3 feet excavation bottom + 1 foot for each sidewall)  
**Ec** = Efficiency allowed when using leaching chambers without water saving device  
**L** = Trench length needed  
**\*\* NOTE** Do Not Multiply by 0.6 if doing a soil substitution