



Office of Emergency Management and Permits

1811 Water Street
Gonzales, TX 78629
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Monday - Friday 7:30am – 4:30pm

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SEPTIC PERMIT CHECKLIST

TO ALL PERSONS APPLYING FOR SEPTIC PERMITS IN GONZALES COUNTY:

This office may issue a septic permit after a site evaluation of the property is performed to determine the soil type and suitability on the site. Results of the site evaluation will determine the type of system that can be installed at that site.

If any of the following apply to your site evaluation, an engineer or a registered sanitation will be required to design your system

1. TYPE 1a SOIL
2. TYPE IV SOIL
3. SITE IS IN THE FLOODPLAIN
4. SITE IS IN A SUBDIVISION RESTRICTED TO ENGINEERED SYSTEMS
5. AS REQUIRED IN TCEQ RULES CHAPTER 285.91 TABLE IX

Once the site evaluation is performed, you will need to submit the following for the permit review (5 working days) before an approval is given:

1. COMPLETED SEPTIC APPLICATION
2. SITE EVALUATION REPORT (*Performed by a site evaluator, registered sanitarian or engineer*)
3. APPROVED 911 ADDRESS (*Obtain from Golden Crescent Regional Planning Commission*)
4. ABSTRACT CARD (*Obtain from Gonzales County Appraisal District*)
5. PROOF OF OWNERSHIP (*Recorded deed if different from abstract card*)
6. SEPTIC AFFIDAVIT (*For Aerobic Septic Systems Only*)
7. MAINTENANCE CONTRACT (*For Aerobic Septic Systems Only*)
8. DRIVEWAY PERMIT (*Obtain from Gonzales County Or TXDOT*)

PERMIT FEE

CONVENTIONAL SYSTEMS=\$310.00
AEROBIC/ENGINEERED SYSTEMS = \$410.00
COMMERCIAL/INDUSTRIAL SYSTEMS = \$510.00

ALLOW 5-7 WORKING DAYS TO PROCESS APPLICATION

APPLICATION WILL EXPIRE AFTER 1 YEAR OF LICENSE TO CONSTRUCT



APPLICATION FOR PERMIT TO CONSTRUCT AN
ON-SITE SEWAGE FACILITY
GONZALES COUNTY P: 830-672-6209 / F: 830-672-3563

COUNTY USE ONLY

PERMIT # _____

DATE _____

AMOUNT \$ _____

REASON FOR ON SITE SEWAGE FACILITY:

☐ NEW

☐ REPLACE

Property Owner Name: _____

911 Approved Property Address: _____ City/ST/ZIP: _____

Mailing Address: _____ City/ST/ZIP: _____

Home/Work # (_____) _____ / Cell # (_____) _____ / Fax # (_____) _____

Email address: _____ Gate Code: _____

Subdivision Name: _____ Section #: _____ Block #: _____ Lot #: _____

Abstract #: _____ Survey Name: _____

Acres: _____ / Property Tax ID #: _____ / County Precinct #: _____

Type of Development	
Single / Multi Family Residential	Commercial / Institutional Facility
Type of Construction: _____	Type of Facility: _____
Square Footage: _____ Water Saving Devices: _____	Water Saving Devices: _____ / # of Occupants: _____
# of Bedrooms: _____ / # of Spaces: _____	# of Seats: _____ / # of Beds: _____

Driveway: New ☐ Existing ☐ / Driveway Permit Issued: _____

Property located in Regulated Floodplain: _____ / House located in Regulated Floodplain: _____

Water Source: _____ / Water Well on Site: _____

of Existing Living Quarters on Property: _____ / # of Operating OSSF on Property: _____

System Type: _____ / Soil Type: _____ Disposal Area: _____

Tank Size: _____ / Tank Brand: _____ / Gallons per Day (as per TCEQ Table III): _____

Engineer/Designer: _____ / Site Evaluator: _____

Septic Installer: _____ / Septic Installer #: _____

PROVIDE PROOF OF CURRENT LICENSE

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the licensing authority and agents to enter upon the above described private property for the purpose of lot/tract evaluation and inspection of on-site sewage facilities. I understand that the approval of this application constitutes authorization for approval of this application for construction 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 indicated that the system will be installed in compliance with the TCEQ Construction Standards for On-Site Sewage Facilities. Should this lot/tract be within the 100 year floodplain, I understand a permit to construct an on-site sewage facilities will not be issued until a development permit has been approved for the structure using the sewage facility. Also, to the best of my knowledge, no existing organized disposal system exists within 300 feet, horizontal distance, of the above application for private sewage facility.

Property Owner Signature: _____ Date: _____



THE COUNTY OF GONZALES STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

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), Sec. 5.012 and Sec. 5.013, gives 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 owner's 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 of 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.

II

An OSSF requiring a maintenance contract, according to 30 Texas Administration Code Sec. 285.91(12) will be installed on the property described as:

Subdivision _____ **Unit#** _____ **Lot#** _____ **Blk#** _____

If not in a subdivision: **Abstract#** _____ **Survey Name** _____ **Acreage** _____

The property is owned by: _____

This OSSF must be covered by a maintenance contract. An approved maintenance company must perform all maintenance on this OSSF, and a signed maintenance contract must be submitted to the Gonzales County Building Official within thirty 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.

WITNESS MY HAND ON THIS _____ DAY OF _____, 20__

BY

Owner/Agent name (Signature)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ Day of _____, 202__.

Notary Public, State of Texas

Notary's name (Printed)

Commission Expires: _____

