

# CITY OF KINGSVILLE HEALTH DEPARTMENT

## Kleberg County

P.O. BOX 1458 KINGSVILLE, TX 78364 361-592-3324



### HOW TO OBTAIN A PERMIT FOR AN ON-SITE SEWERAGE FACILITY

#### \$235.00 fee- All On-Site Sewage Facilities

- ☐ Obtain an application from City of Kingsville Health Department and read the Water Conservation Measures, Recommended Maintenance and Owner's Responsibilities section included in the application.
- ☐ Have appropriate individual (Professional Engineer or Site Evaluator) performs mandatory soil and site evaluation procedure.
- ☐ Have appropriate individual prepare planning materials. Professional design (R.S., P.E.) is required for proprietary and non-standard systems.
- ☐ Submit completed application and technical information sheet (in property owner's name) with **all pages intact**. Include the appropriate fee and the following:
  - ☐ 1) planning materials; 2) site and soil evaluation; 3) completed application form; 4) accurate directions to the site must be also be included.
- ☐ Designated Representative will review plans and application. Texas Commission on Environmental Quality (TCEQ) staff in Austin may review non-standard system plans.
- ☐ Upon approval an **Authorization to Construct** will be issued. The authorization to construct is valid for one year from the date of issuance.
- ☐ An inspection of the installation is required **before** covering of the system. Contact our office at least **5 workings days** in advance to arrange inspection.
- ☐ Your system will not be legal until all paperwork and construction requirements are met. After a successful inspection, a permit will be mailed to the owner.

These forms need to be submitted to the City of Kingsville Health Department with the appropriate fee for approval. City of Kingsville Health Department/Kleberg County Designated Representative will review plans and application. Once approved, a permit to construct will be issued. Any person violating these rules as adopted by the Commissioners Court of Kleberg County is guilty of a misdemeanor upon conviction. Each day that a violation occurs constitutes a separate offense. Any information, found to be falsified regarding this system, will be turned over Kleberg County Attorney to pursue any legal action regarding non-compliance.

I have read the rules and agree to comply with them.

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Owner's Signature

#### OWNER'S RESPONSIBILITIES

A properly designed and installed On-Site Sewerage Facility (OSSF) can malfunction, if water use is not controlled or water leaks are not repaired quickly. It will be the responsibility of the owner to maintain and operate the facility in a satisfactory manner. Inspection by the City of Kingsville Health Department/Kleberg County shall indicate only that the facility meets minimum requirements.

All OSSF systems that are placed in the Flood Plain according to FEMA maps will be evaluated on a case-by-case scenario. Variances and approvals may be granted according to Texas Commission on Environmental Quality's SECTION 285.3 (c). Systems in this will be permitted due to the lack of historical data detailing tank flotation, contamination, or public health nuisances. In the event an owner is permitted and the system fails according to TCEQ's guidelines as stated above, the property owner is required to have an engineering design installed and approved by this department to prevent this from occurring again. All parties must understand that these systems require special engineering design to function properly without jeopardizing the environment or public health.

In no way should an individual construe that the City of Kingsville Health Department of Kleberg County guarantees any system it has permitted. In some cases there may be a considerable annual expense in operating a non-standard system. All requirements set for these systems by the designing individual shall be complied with. These designs should incorporate the use of water saving devices within the home. Inspection and approval by the City of Kingsville Health Department or Kleberg County will not relieve the homeowner or the contractor of the responsibility of complying with County, State, or any Federal standards.

**RECOMMENDED MAINTENANCE  
WATER CONSERVATION MEASURES FOR ON SITE SEWAGE FACILITY (OSSF)**

**An OSSF SHOULD NOT BE TREATED AS IF IT WERE A CITY SEWER SYSTEM.**

The excessive use of in-sink garbage grinders and grease discarding should be avoided. In sink garbage grinders can cause a rapid buildup of sludge or scum resulting in a requirement for more frequent cleaning and possible system failure.

Do not use the toilet to dispose of cleaning tissues, cigarette butts, or other trash. This disposal practice will waste water and also impose an undesired solids load on the treatment system.

Septic tanks shall be cleaned before sludge accumulates to a point where is approached the bottom of the outlet device. If sludge accumulates to this point, solids will leave the tank with the liquid and possibly cause clogging of the perforations in the drain field line resulting in sewage surfacing or backing up into the house through the plumbing fixtures.

Since it is not practical for the average homeowner to inspect his tank and determine the need for cleaning, a regular schedule of cleaning the tank at two-to-three year intervals should be established. Commercial cleaners are equipped to readily perform the cleaning operation. Owners of septic tank systems shall engage only persons registered with the TCEQ to transport the septic tank cleanings.

Do not build driveways, storage buildings, or other structures over the treatment works or its disposal field. Chemical additives or the so-called enzymes are not necessary for the operation of a septic tank. Some of these additives may even be harmful to the tank's operation.

Soaps, detergents, bleaches, drain cleaners, and other household cleaning materials will very seldom affect the operation of the system. However, moderation should be exercised in the use of such materials. It is not advisable to allow water softener back flush to enter into any portion of the OSSF.

The liquid from the OSSF is still heavily laden with bacteria. The surfacing of this liquid constitutes a hazard to the health of those that might come into contact with it.

**WATER CONSERVATION MEASURES/PRACTICES:**

Showers usually use less water than baths. Install water saving showerhead that uses less than two and ½ gallons per minute and saves both water and energy.

If you take a tub bath, reduce the level of water in the tub from the level to which you customarily fill it.

Leaky faucets and faulty toilet fill-up mechanisms should be repaired as quickly as possible.

Check toilets for leaks that may not be apparent. Add a few drops of food coloring to the tank. Do not flush. If the color appears in the bowl within a few minutes, the toilet fill or ball cock valve need to be adjusted to prevent water from overflowing the stand pipe or the flapper at the bottom of the toilet tank need to be replaced

Reduced the amount of water used for flushing the toilet by installing one of the following: a new toilet (1.6 gallon); a toilet tank dam; or filling and capping one-quart plastic bottles with water (usually one is all that will fit in smaller toilet tanks) and lowering them into the tank of the existing 3.5 gallon or larger toilet. Do not use bricks since they may crumble and cause damage to the fixture.

Try to run the dishwasher with a full load, whenever possible.

Avoid running the water continuously for brushing teeth, washing hands, rinsing kitchen utensils or for cleaning vegetables.

Use faucet aerators that restrict flow to no more than 2.2 gallons per minute to reduce water consumption.

Keep a container of drinking water in the refrigerator instead of running the faucet until the water turns cool.

Insulate all hot water pipes to avoid long delays of wasted water while waiting for the heated water.

## STATE CERTIFIED INSTALLERS & SITE EVALUATORS

These individuals have requested to be placed on the list of available "Installers & Site Evaluators" in the Kleberg County area. Kingsville-Kleberg County Health Unit does not recommend or endorse any of these individuals in as much as they do not work or represent Kingsville-Kleberg County Health Unit.

### CERTIFIED INSTALLERS

D.I.A UTILITIES	361-228-2045	JESSE MENDEZ	361-592-5051 361-3192948
FRANK PRADO	361-592-7349	RICHARD CHAPA	361-595-4192
DARBY KEMP	361-547-7500	MARIO MENDIETTA	361-522-5974
DAVID YEPEZ	361-387-5393	ROBERTO ESTRINGEL	361-279-2256 361-646-3031
RENE CADENA	361-668-4434 361-207-4182	RICK IVY	361-319-9277
MANUEL ARREDONDO	361-438-8413 361-387-3805	PEGGY SUE BARRERA	361-562-9175
ADVENTO ALANIS	361-219-7078		

### CERTIFIED SITE EVALUATORS

JUAN MARINES-ROBSTOWN	361-533-5300
RICHARD CHAPA-KINGSVILLE	361-595-4192
ROEL CHAPA-THREE RIVERS	361-449-2733
MANUEL ARREDONDO-CORPUS CHRISTI	361-438-8413 361-387-3805
NOEL BARRERA, R.S.-MISSION	956-458-3640



# CITY OF KINGSVILLE HEALTH DEPARTMENT



## APPLICATION FOR ON-SITE SEWAGE FACILITY NEW CONSTRUCTION OR MODIFICATION KLEBERG COUNTY

☐ NEW INSTALLATION      ☐ MODIFICATION

### COUNTY USE ONLY

APPL. # \_\_\_\_\_

AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_

1. PROPERTY OWNER'S NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

2. PERMANENT MAILING ADDRESS: \_\_\_\_\_

3. TELEPHONE NO. DURING DAY: (\_\_\_\_\_) \_\_\_\_\_

4. SITE ADDRESS: \_\_\_\_\_

5. LEGAL DESCRIPTION: Sec. \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Date \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

OTHER THAN SUBDIVISION: ACREAGE \_\_\_\_\_ SURVEY \_\_\_\_\_

6. SOURCE OF WATER: ☐ Private Well ☐ Public Water Supply \_\_\_\_\_  
(Name of Supplier)

7. SINGLE FAMILY RESIDENCE: No. Of Bedrooms \_\_\_\_\_ Living Area (ft<sup>2</sup>) \_\_\_\_\_

IS HOME EQUIPPED WITH WATER SAVING DEVICES: PLEASE CHECK ONE: \_\_\_\_\_ YES \_\_\_\_\_ NO

IS HOME EQUIPPED WITH WATER SOFTENER DEVICES: PLEASE CHECK ONE: \_\_\_\_\_ YES \_\_\_\_\_ NO

8. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: \_\_\_\_\_

NO. OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_

9. SITE EVALUATOR: \_\_\_\_\_ CERTIFICATION NO.: \_\_\_\_\_

10. DESIGNER: \_\_\_\_\_ LICENSE NO. (PE or RS): \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

11. INSTALLER: \_\_\_\_\_ REGISTRATION NO.: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of Kingsville Health Department/Kleberg County to enter upon the above described property for the purpose of lot evaluation and inspection of 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 Texas Commission on Environmental Quality (TCEQ) On-Site Sewage Facility Rules, TAC 30, Chapter 285.

12. \_\_\_\_\_  
(SIGNATURE OF OWNER) (DATE)

**CITY OF KINGSVILLE HEALTH DEPARTMENT  
KLEBERG COUNTY  
ON-SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR PERMIT**

APPLICATION # \_\_\_\_\_

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

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

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/day)**

WATER SAVING DEVICES: ☐ Yes ☐ No

**III. TREATMENT UNIT:**

**A. ☐ SEPTIC TANK:**

· TANK DIMENSIONS: \_\_\_\_\_ · LIQUID DEPTH (BOTTOM OF TANK TO OUTLET): \_\_\_\_\_

**B. ☐ AEROBIC:**

· MANUFACTURER: \_\_\_\_\_ · MODEL #: \_\_\_\_\_

· PRETREATMENT TANK: ☐ Yes ☐ No

**C. ☐ OTHER:** \_\_\_\_\_

**IV. DISPOSAL SYSTEM:**

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

· AREA REQUIRED: \_\_\_\_\_ · AREA PROPOSED: \_\_\_\_\_

**V. ADDITIONAL INFORMATION:**

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

A. SITE EVALUATION

B. PLANNING MATERIALS

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

\_\_\_\_\_  
DESIGNER'S SIGNATURE

\_\_\_\_\_  
REGISTRATION NO.

\_\_\_\_\_  
DATE

**CITY OF KINGSVILLE HEALTH DEPARTMENT  
KLEBERG COUNTY**

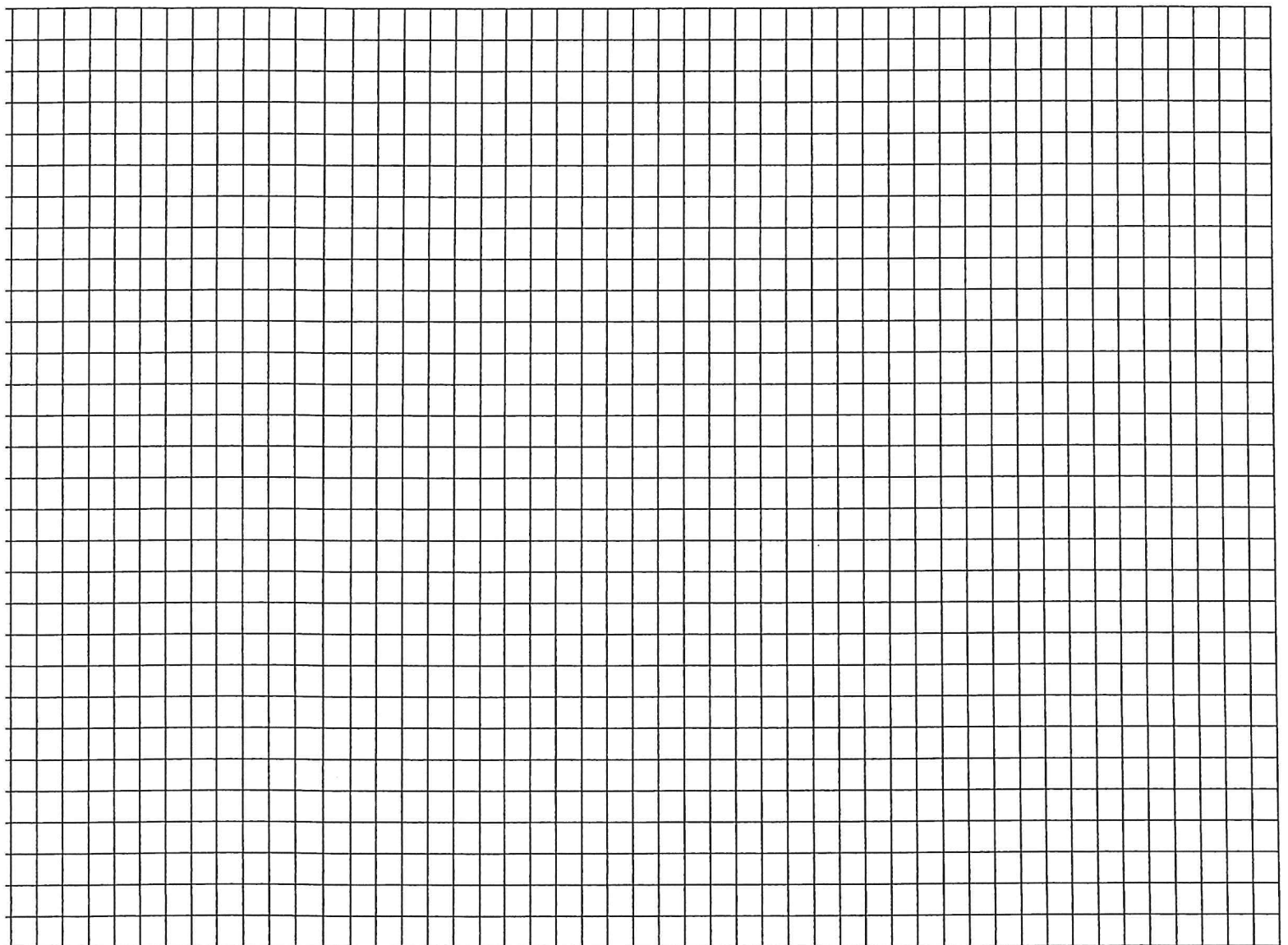
**On-Site Sewerage Facility Diagram**

**Diagram must show: Road, direction of north, shape of property, location of house on said property, any other known structures associated with house, location of clean out, septic tanks, lateral lines configuration, water well, public water lines and open water.**

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

**Preliminary**\_\_\_\_\_

**Final**\_\_\_\_\_



**Signature of Installer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# On-Site Sewerage Facility Soil Evaluation Report Information

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

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

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

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

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

**Requirements:**

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.

Locations of soil boring or dug 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.

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						

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



Date: \_\_\_\_\_

Site Evaluation Number: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Site Evaluator Information:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Property Location:**

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street/Road Address \_\_\_\_\_  
County \_\_\_\_\_ Unincorporated Area? Y or N \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Installer Information:**

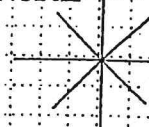
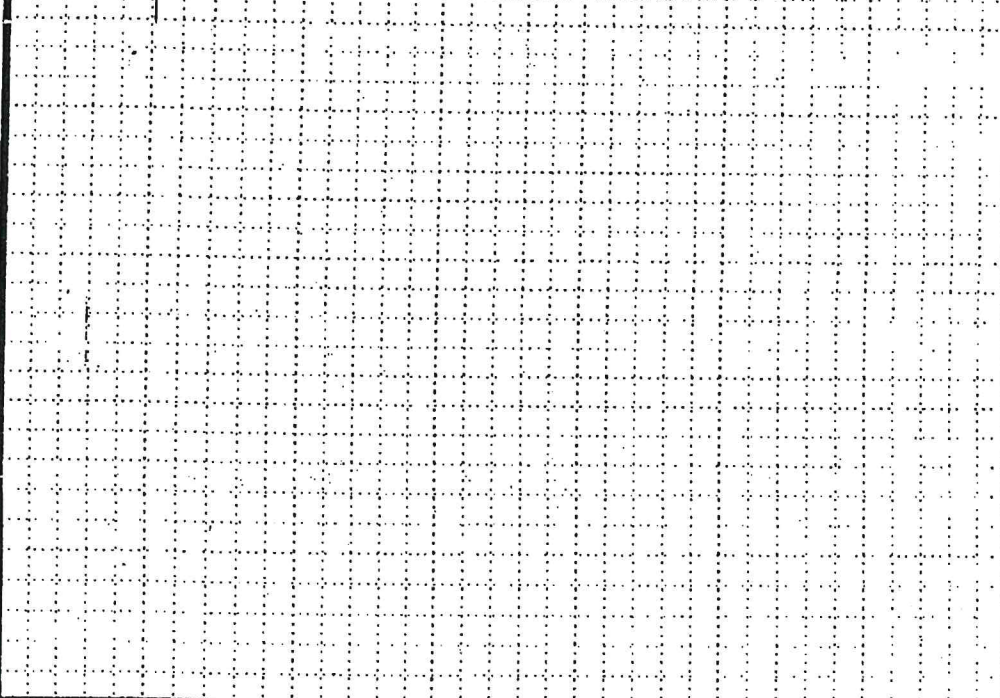
Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Schematic of Lot or Tract**

Show:

- Compass North, adjacent streets, property lines, property dimensions, location of buildings, 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 dug 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

<b>Compass North</b> 	<b>Site Drawing</b>
	Scale: 1 inch = 50 feet Note type of vegetation on lot.
	

**Features of Site Area**

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:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ License No: \_\_\_\_\_

**CITY OF KINGSVILLE HEALTH DEPARTMENT**

*Protecting Kleberg County by Reducing and Preventing Pollution*

**AUTHORIZATION TO CONSTRUCT  
AN  
ON-SITE SEWERAGE FACILITY**

Kleberg County Region 14

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

Mailing Address \_\_\_\_\_

Property Location \_\_\_\_\_

This serves to notify all persons that an on-site sewerage facility application, related technical data, and the appropriate fee have been received by the City of Kingsville Health Department from the property owner. The application has been reviewed for technical and administrative consideration against the standards set forth by Texas Commission on Environmental Quality (TCEQ). Approval is hereby granted for the construction as shown on the submitted plans.

**Any modifications to submitted plans require approval by the City of Kingsville Health Department-Kleberg County prior to installation.**

You or your installer must contact the approving designated representative **FIVE (5) WORKING DAYS PRIOR** to completion to arrange the required facility inspection. The authorization to construct is valid for one year from the date of issue. If a final inspection has not been performed within one year of issue, a new application and fee will be required.

Comments:

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

\_\_\_\_\_  
Designated Representative

\_\_\_\_\_  
Date