



JORGE A. CALDERON
Planning Director

PLANNING DEPARTMENT OF WEBB COUNTY, TEXAS

• 1110 Washington St., Suite 302 • Laredo, TX 78040 • Phone: (956) 523-4100 • Fax: (956) 523-5008 •

APPLICANT MUST SUBMIT THIS APPLICATION, Along with all supporting documentation that confirms that the septic system was installed meets criteria in Chapter 285.3(f) Exceptions (installed prior March 8, 1985 - unregulated and prior to August 1, 1988 for Webb County Systems) or that the septic system was installed on a site of ten (10) acres or larger prior to June 23, 2006. In order for a "Pre-Existing" system to be registered, the system must not be creating or causing a nuisance and the original system must have been altered or in need of any repair(s).

**APPLICATION FOR A
"PRE-EXISTING" SEPTIC TANK**

ADM ID _____
LICENSE NO _____

Residential System

Commercial System

PROPERTY OWNER'S NAME: _____
PERMANENT MAILING ADDRESS: _____
CITY: _____ ZIP CODE: _____
PHONE: _____

PROPERTY INFORMATION:

PROJECT ADDRESS OR INFORMATION _____ YEAR PLATTED: _____
LEGAL DESCRIPTION: LOT _____ BLOCK _____ SUBDIVISION _____
LOT AREA: _____ S.F. LOT DIMENSIONS: _____ BY _____
DIRECTIONS TO PROPERTY: _____

WATER SUPPLY:

PUBLIC WATER SUPPLY PRIVATE WELL HAUL WATER
IF INDIVIDUAL WELL: DEPTH OF WELL _____ FT. DATE DRILLED: _____
CASED & CEMENTED: YES / NO

DWELLING INFORMATION:

RESIDENTIAL, No. of bedrooms _____ No. of Persons in Home _____
INSTITUTIONAL, Type of Business _____ Number of Persons at Location: _____

AUTHORIZATION is hereby given to the Webb County Planning Department, the Texas Commission of Environmental Quality (TCEQ), the Texas State Department of Health Services (TSHS) and to their agents, or designees, singularly or jointly, to enter upon the above described property during daylight hours for the purpose of inspecting a "pre-existing" on-site sewage facility. Additionally, I certify that the "pre-existing" on-site sewage facility is not creating or causing a nuisance; the "pre-existing" on-site sewage facility was installed prior to April 18, 1985, Under the "Ten Acre Rule", the effective date of the Webb County Sewage Order and that the system has not be altered or in need of repair.

OWNER'S SIGNATURE _____ PRINTED OWNER'S NAME _____ DATE _____

REQUIRED SUPPORTING DOCUMENTS ATTACHED:

1. An accurate Site Plan of "Pre-Existing" Septic System located on the property
2. Property Ownership Documents (Deeds, Land Contracts, etc. that contain the legal description of the subject property)

Along with the required supporting documents, applicants are strongly encouraged to submit any additional supporting documentation that provides useful information, like certification of utility services, copy of deeds, bill of sales, engineer sealed re-drawn site plans, etc.



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Owners Septic System Certification

1. I certify that the information on the application is true and correct and that the On-Site Sewage Facility located on Lot(s) _____ Block _____ Subdivision _____ (address) _____ is a pre-existing on-site sewage facility installed by _____ and that this system was installed on _____ which is prior to passage of the Webb County Sewage Order of April 18, 1985 or June 23, 2006 (for 10 ac plus tracts of land).

2. I certify that should this system fail or create or cause a nuisance, I agree to replace and repair the existing on-site sewage facility and comply with the requirements established in Chapter 285.3 General Requirements by obtaining a permit to construct an on-site sewage facility and installing a new on-site sewage facility.

Owner: _____ Date _____

PRE-EXISTING PRIVATE SEWAGE FACILITY REGISTRATION

This Letter will register the OSSF system for the following property:

Legal Description: _____

The applicant has demonstrated that the private sewage facility is a pre-existing as allowed by law. By my signature below, I certify that the system, when connected, will comply with the minimum state standards for both water and sewer facilities and as prescribed by the model subdivision rules adopted under Section 16.343 Water Code.

Applicant agrees to replace and repair the pre-existing on-site sewage facility and comply with the requirements established in Chapter 285.3 by obtaining a permit and installing new on-site sewage facility should the current pre-existing on-site sewage facility fail or malfunction.

Approved by _____ Date _____
Designated Representative



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LICENSE NO _____

Transfer of On-Site Sewage Facility and Registration

1. Any License issued under the authority of this order will be transferred to a succeeding owner and such license will continue in existence provided the new owner applies to the Licensing Authority, and provided there is no significant change in the amount or quality of waste to be placed in the private sewage facility and that facility is functioning properly.

2. Upon a finding by the Licensing Authority that the continued use of the private sewage facility will not cause pollution or injury to the public health, a license will be transferred to the new owner.

This License is issued to permit operation of a private sewage facility on the property described below:

Legal Description: _____

New Property Owner's Septic System Certification

1. I certify that the information is true and correct and that the Pre-Existing On-Site Sewage Facility located on Lot(s) _____ Block _____ Subdivision _____ property description _____ is a pre-existing on-site sewage facility installed by _____ and that this system was installed on _____ which is prior to passage of the Webb County Sewage Order of April 18, 1985 or June 23, 2006 (for 10 ac plus tracts of land).

2. I certify that should this system fail or create or cause a nuisance, I agree to replace and repair the existing on-site sewage facility and comply with the requirements established in Chapter 285.3 General Requirements by obtaining a permit to construct an on-site sewage facility and installing a new on-site sewage facility.

3. Prior to any Flooding event, owner must manually close shut-off valves in accordance to flood – proofing requirements.

(New Property Owner) _____
(Last Name) (First Name) (Middle Name)

Address _____
(Number) (Street/Road) (City/Subdivision)

(Telephone Number)

Approved by _____ Date _____
TCEQ Designated Representative, Webb County Planning Department