



BRADY
THE CITY OF
TEXAS

201 East Main • P.O. Box 351 • Brady, Texas 76825

325.597.2152 • fax 325.597.2068 • <https://www.bradytx.us/>

PERMIT PROCEDURE FOR ON-SITE SEWAGE FACILITY:

****ALL pages in packet MUST be filled out completely****
“SEE ATTACHED” WILL NOT BE ACCEPTED

___ Obtain an application from Code Enforcement Office.

___ Have appropriate individual (Registered Sanitarian, Professional Engineer, or Licensed Installer) perform mandatory soil identification procedure.

___ Have appropriate individual prepare planning materials. Professional design (R.S., P.E.) is required for proprietary and non-standard systems.

___ **If installing an Aerobic/Surface System an AFFIDAVIT TO THE PUBLIC must be filed** with the County Clerk’s office and a copy attached to the permit.

___ Submit **completed** application and technical information sheet (in property owner’s name) **with all pages intact**. Include the appropriate fee for permit (\$200.00 plus \$10.00 TCEQ fee) and **copy of legal description** from deed of property – may obtain through Clerk’s office or Appraisal Dist.

___ Plans and application will be reviewed by city staff.

___ Upon approval an Authorization to Construct will be issued. The Authorization to Construct is valid for one year from the date of issuance. After one year, a new application and fees are required.

___ Begin construction. Inspection is required ***BEFORE*** covering of the system. Contact city inspector at least **5 working days** in advance to arrange for the inspection.

GENERAL INFORMATION:

1. **City of Brady Designated Representative, Steven Miller**
2. No refund of any amount will be granted.
3. Inspection Fee is included in the permit fee.
4. A **re-inspection fee** equal to ½ the permit amount must be **paid by the installer** for each time the system must be re-inspected. All fees must be paid before a Notice of Approval will be issued.

New Installation

Application #

Modification

Date

Amount

Other than Subdivision: Acreage _____ **Survey** _____

Number of Employees/Occup. /Units _____ Days Occupied per Week _____

Phone No. _____

Page 2 of 7

**CITY OF BRADY
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.

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 per day) Water saving
devices: _____ Yes _____ No

3. Treatment Unit:

a. _____ Septic Tank - Manufacturer _____
Tank dimensions _____ Liquid depth _____
Size required _____ Size Proposed _____

b. _____ Aerobic – Manufacturer: _____ Model # _____
Size required _____ Size Proposed _____

c. _____ 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

Designer's Signature

Registration No.

Date

Application # _____

Applicant Information:

Name: _____

Address: _____

City: _____ State _____

Zip _____ Phone: _____

Site Evaluator Information:

Name: _____

Company _____

Address: _____

City: _____ State _____

Zip Code: _____ Phone: _____

Property Location:

Lot ___ Block ___ Subdivision _____ Name: _____

Address: _____ Company: _____

City: _____ State: _____ Address: _____

Zip: _____ County: _____ City: _____ State: _____

Unincorporated Area? ___ Yes ___ No Zip Code: _____ Phone: _____

Email or 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 structures where known.
- 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 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 saltwater bodies) water impoundment areas, cut or fill blank, sharp slopes and breaks.

Lot Size: _____ Acres

Application # _____

**Compass
North**

**Site Drawing
Scale: 1 inch = 50 ft.**

N
|
W---E
|
S

**SKETCH TO BE DRAWN TO SCALE OR ALL DIMENSION PROVIDED.
SHOW LOCATION OF SOIL SAMPLE POINTS OF SOIL ANALYSIS.**

Features of Site Area

Presence of 100-year flood zone? ☐ Yes ☐ No
Presence of upper water shed? ☐ 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: _____ Signature: _____
License No.: _____ Date: _____

Application # _____

OSSE SOIL EVALUATION

Date Performed: _____

Property Location: _____

Proposed Excavation Depth: _____

Requirements:

- 1. At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.
- 2. Locations of soil boring or dug pits must be shown on this site drawing.
- 3. 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.
- 4. Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

#1

Soil Boring Number:

Depth	Textural	Structure	Drainage	Restrictive	Observations
(Feet)	Class	(is applicable)	(Mottles/Water Table)	Horizon	
0					
1					
2					
3					
4					
5					

Application # _____

#2

Soil Boring Number:

Depth	Textural	Structure	Drainage	Restrictive	Observations
(Feet)	Class	(is applicable)	(Mottles/Water Table)	Horizon	
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

License #

Date