



201 East Main

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• Brady, Texas 76825

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• <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  $\frac{1}{2}$  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.

**CITY OF BRADY**  
**APPLICATION FOR ON-SITE SEWAGE FACILITY**  
**NEW CONSTRUCTION AND/OR MODIFICATION**

New Installation  
 Modification

Application # \_\_\_\_\_  
Date \_\_\_\_\_  
Amount \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Phone number during the day: \_\_\_\_\_

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

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

Legal Description: Sec. \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Date \_\_\_\_\_

Subdivision \_\_\_\_\_

Other than Subdivision: Acreage \_\_\_\_\_ Survey \_\_\_\_\_

Source of Water:  Private Well  Public Water Supply

(Name of Supplier)

Single Family Residence: No. of Bedrooms \_\_\_\_\_ Square Ft. \_\_\_\_\_

Commercial/Institutional (Including multi-family residence) \_\_\_\_\_

Type: \_\_\_\_\_

Number of Employees/Occup. /Units \_\_\_\_\_ Days Occupied per Week \_\_\_\_\_

Site Evaluator: \_\_\_\_\_ Certification # \_\_\_\_\_

Designer: \_\_\_\_\_ License No. (PE or RS) \_\_\_\_\_

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

Installer \_\_\_\_\_ Registration No. \_\_\_\_\_

Type of Disposal System:	<input type="checkbox"/>	Absorptive Mount	<input type="checkbox"/>	Drip Irrigation	<input type="checkbox"/>
Evapotranspiration Beds	<input type="checkbox"/>	EZflow Systems	<input type="checkbox"/>	Gravelless Pipe	<input type="checkbox"/>
Leaching Chambers	<input type="checkbox"/>	Low Pressure Dosing	<input type="checkbox"/>	PTI Systems	<input type="checkbox"/>
Pumped Effluent	<input type="checkbox"/>	Standard Trenches/Beds	<input type="checkbox"/>	Surface Applications	<input type="checkbox"/>

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of Brady OSSF Agent 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.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**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**

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Designer's Signature

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Registration No.

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Date

Application # \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

N  
|  
W---|---E  
|  
S

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

**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 #\_\_\_\_\_

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

Application #\_\_\_\_\_

**#2**

**Soil Boring Number:**

Depth (Feet)	Textural Class	Structure (is applicable)	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.

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Signature of Site Evaluator

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License #

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Date