



SUBDIVISION CHECKLIST

Subdivision Name: _____

Surveyor/Engineer contact: _____ Telephone: _____

Surveyor/Engineer's Address: _____

Owner's Name: _____ Telephone: _____

Owner's Address: _____

REVIEW: Each survey plat requires formal review and signature by Williamson County and Cities Health District (WCCHD). Reviews by WCCHD may require a site visit and a review for plat notes listed below. Plats will be reviewed within 10 days. Please review plat for correct notes on checklist.

The survey needs the following to be addressed as indicated by asterisk (*)

() **1. SIGNATURE BLOCK:** “Based upon the above representations of the engineer or surveyor whose seal is affixed hereto, and after a review of the survey as represented by the said engineer or surveyor, I find that this blue line (survey) complies with the requirements of Edwards Aquifer Regulations for Williamson County and Williamson County On-Site Sewage Facility Regulations. This certification is made solely upon such representations and should not be relied upon for verifications of the facts alleged. The Williamson County and Cities Health District (WCCHD) and Williamson County disclaim any responsibility to any member of the public for independent verification of the representations, factual or otherwise, contained in this blue line (survey) and the documents associated with it.”

Steve Gilmer, RS, OS6592
for Executive Director of the WCCHD

Date

() **2. MAP:** The review must include an accurate map of the subdivision location in relation to major roads.

() **3. FEES:** A review submittal must be accompanied by the payment of the appropriate fees: \$125.00 per subdivision PLUS \$20.00 per lot.

() **4. EDWARDS AQUIFER RECHARGE ZONE (EARZ):** The following notation should be included OVER the engineer's seal and signature: “**This tract is/is not located within the Edwards Aquifer Recharge Zone.**”

If the tract is located within the EARZ and the lots are 5 acres or less, include the following plat note: “**No construction in the subdivision may begin until the Texas Commission on Environmental Quality (TCEQ) has approved the Water Pollution Abatement Plan (WPAP) in writing.**” WCCHD requires that any mapped recharge features found in the WPAP geologic assessment be shown on the plat with all required OSSF setbacks.

() **5. EDWARDS AQUIFER RECHARGE ZONE (EARZ) DESIGN:** For lots over the EARZ, include the following note: “**On-Site Sewage Facilities must be designed by a Registered Professional Engineer or Registered Sanitarian.**”

() **6. WATER AND SEWER SERVICE:** Include the following note: “**Water and sewer service for this subdivision will be provided by _____.**” If a water/sewer district, corporation, etc., supplies water/sewer services to the proposed lot(s), then a letter from that supplier(s) must be provided verifying that services or a meter will be provided for each lot.

() **7. WELLS AND OSSF:** If the lots are to be served by private wells and OSSFs, the blue line (survey) must show a 100’ sanitary easement around the approved well site within which no absorptive type of OSSF may be located. **WELLS MUST BE LOCATED 50’ FROM THE PROPERTY LINE.** The easements of neighboring wells that encroach the subdivision must also be shown. Sanitary easements may not encroach on neighboring properties without the written consent of the neighboring property owner. The locations of existing septic systems and absorption fields must be shown.

() **8. LOT SIZE:** If lots will utilize OSSF’s, the review must show the square footage of each lot. All lots utilizing OSSFs must be at least one (1) acre in size. Lots that are NOT supplied by organized water must be at least two (2) acres in size. **SPECIAL REQUIREMENTS APPLY FOR DUPLEX, TRIPLEX, COMMERCIAL, ETC.**

() **9. CONTOURS:** If OSSFs will be constructed, the submittal must include a topographic map showing ten-foot (10’) contours

() **10. DRAINAGE PLAN:** If served by OSSF’s, A COMPREHENSIVE DRAINAGE IMPACT PLAN MUST BE INCLUDED. This report must relate how current and future drainage patterns will or will not effect the proper function of On-Site Sewage Facilities (OSSF). This report must also state that positive drainage will occur throughout the entire tract and that improvements will be made if drainage problems become apparent.

() **11. SOILS:** If the subdivision is to be served by OSSFs, a representative number of test holes, located in representative areas of the subdivision, are required in order to acquire an adequate profile of soil conditions in the area. The results of these test holes must be submitted, addressing depth and type of soils, percolation potential, depth to rock or bedrock, and location / depth of any evidence of seasonal groundwater strata. Any other information which will influence the expected long-term function or design of OSSFs must be included. If seasonal groundwater is indicated at a depth shallower than six-and-a-half feet (78”), holes must be provided on adjacent lots until the horizontal limits of the shallow groundwater strata are identified. A Registered Professional Engineer (P.E.) or Registered Sanitarian (R.S.) must provide this information. A copy of our site/soil evaluation form is available upon request.

() **12. OSSF TYPES:** Provide a complete report detailing the types of OSSF to be considered and their compatibility with area wide drainage and groundwater. A Registered Professional Engineer (P.E.) or Registered Sanitarian (R.S.) must provide this information.

() **13. EASEMENTS AND SETBACKS:** If the subdivision is to be served by OSSFs, the survey must indicate a 25 foot (25’) setback from any drainage way, drainage easements, or watercourses. The easement should be labeled “25’ OSSF setback”. No drainage easement may be created within 25’ of adjoining properties unless a natural drainage-way existed there prior to development or permission of the adjoining property owner is given.

() **14. OTHER:** _____

Questions may be addressed to: _____ Date: _____
_____ Date: _____
_____ Date: _____

() **READY FOR SIGNATURE:** Please submit a copy of final survey and mylar for signature.

_____ Date: _____