Texas Commission on Environmental Quality (TCEQ)
Authorized Agent's Monthly On-site Sewage Facilities (OSSF) Activity Report

for collection of program information and the Texas On-site Wastewater Treatment Research Council Fees

AUTHORIZED AGENT: _____

ACCOUNT NUMBER: _____ **MONTH/YEAR:** ____ / ____ /

PRIMARY LICENSED DESIGNATED REPRESENTATIVE (DR)

Name: _____ Phone: (_____)_____

License Number: _____ E-Mail address: _____

CONTACT PERSON (Person who filled out report)

Name: _____ Phone:(_____)_____ E-Mail address: _____

PERMITTING ACTIVITY

(Count only applications that have been issued an authorization to construct during this report month)

TOTAL NUMBER OF PERMITS/AUTHORIZATIONS TO CONSTRUCT FOR THIS MONTH:	

NUMBER OF DISPOSAL SYSTEMS APPROVED WITH PERMITS/AUTHORIZATIONS:

(For billing purposes the sum of the disposal system types must equal the total number of authorizations to construct entered above)

Absorptive Mounds		Gravel-less Pipe		Pumped Effluent	
Drip Irrigation		Leaching Chambers		Standard Trenches/Beds	
Evapotranspiration Beds		Low Pressure Dosing		Surface Applications	
EZflow Systems		PTI Systems		Other:	

MONTHLY ENFORCEMENT ACTIVITY

Complaints Received		Violations Issued: Nuisance		Violations Issued: Other	
Complaints Investigated		Court Cases Filed: Nuisance		Court Cases Filed: Other	
		Court Convictions: Nuisance		Court Convictions: Other	

NAME OR ADDRESS CHANGES

(Complete only if the DR information has changed from the previous month's report or if the invoice information needs to be corrected.)

Designated Representative (Primary):

Name: _____

Address:

City: _____ Zip Code:

Phone: (_____)_____ FAX: (_____)

Invoice to be sent to:

Name: _____

Address:

City: _____ Zip Code:

Phone: (_____)_____ FAX: (_____)

PLEASE SUBMIT COMPETED REPORT FORMS BY THE 10th OF EACH MONTH. DO NOT SEND PAYMENT WITH THE MONTHLY REPORTS. *Accounts are invoiced quarterly.*

SUBMIT TO: TCEQ, FIELD OPERATIONS SUPPORT DIVISION
OSSF PROGRAM MC-235
PO BOX 13087
AUSTIN, TX 78711-3087
FAX: 512/239-6390 E-MAIL: oars@tceq.state.tx.us

AUTHORIZED AGENTS MONTHLY ON-SITE SEWAGE FACILITIES (OSSF) ACTIVITY REPORT FORM

GUIDELINES FOR COMPLETING THIS FORM

Authorized Agent
Enter the name of the Local Governmental Entity that has been authorized by the TCEQ to implement and enforce the OSSF program. If you administer the program in more than one governmental jurisdiction, **submit a separate report for each local governmental entity.**

Account Number
Enter the account number that has been assigned to you. If you are not sure what number to enter, please refer to following web address: https://www6.tceq.texas.gov/oars/ login as a guest and search by county for your information.

Month/Year
Enter the month and year you are reporting. **Submit a separate report for each month.**

Primary Designated Representative
Enter the name, phone number, and license number of the primary designated representative. Please indicate changes from the previous month's report in the Name and Address Change portion of the report form.

Contact Person
Enter the name, phone number, and e-mail address of the individual who filled out this report.

Permitting Activity
Enter the total number permits/authorizations to construct issued during the report month per county. Please submit a separate report for each county within your jurisdiction.

Total Number of Disposal System Types
Enter the disposal system types from the permits/authorizations to construct for the report month. Please enter authorizations to construct, and not installed or inspected systems. **For billing purposes, the sum of the disposal system types entered on this report must equal the total number of permits/authorizations to construct entered above in the permitting activity blank.**

Enforcement Activities
Enter the number of complaints received from all activities, including nuisances, installer complaints, maintenance complaints, etc..

Enforcement Activities (continued)
Enter the number of complaints which were investigated.

Enter the number of violations issued for nuisance complaints (malfunctioning OSSFs). The number of violations issued will usually equal the number of times property owners were notified that their system must be brought into compliance within 30 days. For Authorized Agents who issue field citations for nuisances, include those citations in this column.

Enter the number of court cases filed for nuisance violations.

Enter the number of court convictions for nuisance violations.

Enter the number of violations issued for all other activities. Normally, this number will include violations issued against installers, against maintenance companies, and against homeowners regarding maintenance contracts. These violations may take the form of written letters to licensees or homeowners.

Enter the number of court cases filed for all other violations.

Enter the number of court convictions for all other violations.

Name and Address Changes
Please complete only if there has been a change from the previous month's report.

Submit Report
Reports should be submitted by the 10th of each month. Submittal information is provided on the report form. **DO NOT SUBMIT A PAYMENT WITH THE REPORT.**

Invoices
Invoices are mailed out quarterly: September, December, March, and June. Payment is due within 30 days after receiving the invoice. Late fees are assessed to accounts that are not paid 30 days after the invoice date. Please indicate address changes in the space provided on the report form.

Correcting a Submitted Report
Please submit a corrected monthly report. Clearly indicate the form has been revised by writing "REVISED" in the top right hand corner of the report form. Submittal information is provided on the report form.

To obtain access to the On-Site Activity Reporting System (OARS) or for additional program information, please visit our website at:
http://www.tceq.state.tx.us/compliance/compliance_support/regulatory/ossf/on-site-activity-reporting-system/OARS.html

Monthly Activity Forms are available for download at:
http://www.tceq.state.tx.us/assets/public/compliance/compliance_support/regulatory/ossf/forms/monthly_activity_report_form.pdf

Technical Assistance, program questions, or inquiries regarding monthly reports should be directed to TCEQ Staff at:

phone: *512/239-5304* ***fax:*** *512/239-6390* ***e-mail:*** *oars@tceq.state.tx.us*