

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	<input type="text"/>	Gravel-less Pipe	<input type="text"/>	Pumped Effluent	<input type="text"/>
Drip Irrigation	<input type="text"/>	Leaching Chambers	<input type="text"/>	Standard Trenches/Beds	<input type="text"/>
Evapotranspiration Beds	<input type="text"/>	Low Pressure Dosing	<input type="text"/>	Surface Applications	<input type="text"/>
EZflow Systems	<input type="text"/>	PTI Systems	<input type="text"/>	Other:	<input type="text"/>

MONTHLY ENFORCEMENT ACTIVITY

Complaints Received	<input type="text"/>	Violations Issued: Nuisance	<input type="text"/>	Violations Issued: Other	<input type="text"/>
Complaints Investigated	<input type="text"/>	Court Cases Filed: Nuisance	<input type="text"/>	Court Cases Filed: Other	<input type="text"/>
	<input type="text"/>	Court Convictions: Nuisance	<input type="text"/>	Court Convictions: Other	<input type="text"/>

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@ceq.texas.gov

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/index.cfm> 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:

<https://www.tceq.texas.gov/permitting/ossf/on-site-activity-reporting-system/OARS.html>

Monthly Activity Forms are available for download at:

https://www.tceq.texas.gov/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.texas.gov