

# Texas Commission on Environmental Quality (TCEQ)

## Authorized Agent Monthly Activity Report

Use this form for reporting the On-Site Sewage Facility (OSSF) activities and the collection of the Texas Wastewater Treatment Research fees.

**AUTHORIZED AGENT:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_ **MONTH/YEAR:** \_\_\_\_ / \_\_\_\_ **Revised:** \_\_\_\_

### PRIMARY LICENSED DESIGNATED REPRESENTATIVE (DR)

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

License Number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

### CONTACT PERSON (Person who filled out the report)

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

Phone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

### PERMITTING ACTIVITY

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

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

### NUMBER OF DISPOSAL SYSTEMS APPROVED WITH PERMIT/AUTHORIZATION(S):

(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 COMPLETED 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.texas.gov](mailto:oars@tceq.texas.gov)

**Texas Commission on Environmental Quality (TCEQ)**  
**Guidelines for Completing Form TCEQ-20859**

**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 search by county for your information using the following web address:

<https://www6.tceq.texas.gov/oars/index.cfm>

**Month/Year**

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

**Correcting a Submitted Report**

Please submit a corrected monthly report. Indicate if the form has been revised by checking the REVISED Check box, which is located at the end of the second line.

**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 of permits/authorizations to construct issued during the report month per county.

**Permitting Activity (continued)**

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 appropriate number of activities per field that apply to your program.

For additional guidance reference the OARS user guide.

**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.

To obtain access to the On-Site Activity Reporting System (OARS) or for additional program information, please visit our website using the following web link:

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

Monthly Activity Forms are available for download at the following web link:

[https://www.tceq.texas.gov/assets/public/compliance/compliance\\_support/regulatory/ossf/forms/monthly\\_activity\\_report\\_form.pdf](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) 239-6277      Fax: 512/239-6390      E-mail: [oars@tceq.texas.gov](mailto:oars@tceq.texas.gov)