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 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.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

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