

LAMPASAS COUNTY

APPLICATION TO CONSTRUCT OR MODIFY OSSF

Date of Application: _____ New System Modification Failed System

Property Owner's Name: _____
(Last) (First) (Middle Initial)

Property Owner's Mailing Address: _____
(St/Rd/PO Box) City State/Zip Code

Note: If site address is located on a private road, attach coordinates or vicinity map to drawing.

Property Owner's Telephone Number: _____

SITE ADDRESS: _____
(St/Rd) (City) (State/Zip Code)

Subdivision: _____ Sec/Phase__ Plat__ Slide __ Blk __ Lot __

Survey _____ Abstract__ Volume__ Page(s)__ Acre(s)__

Type Facility: Single Family Res. Built on Site Mobile Home Pre-Built/Modular
Bedrooms _____ Square Ft. Living Area _____
 Commercial/Institutional: (including multi-family residences) Type: _____
Employees/Occupants/Unit: _____ Days Occupied/Week: _____
 Other: Type: _____

Site Evaluator: _____ License #: _____ Telephone #: _____

System Designer: _____ PE/RA #: _____ Telephone #: _____

Installer: _____ License #: _____ Telephone #: _____

Email address: _____ required to email Authorization

I hereby certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Designated Representative of Lampasas County to enter upon the above described property for the purpose of soil/site evaluation and investigation of on-site sewage facility.

If you have any questions on how to fill out this form or about the on-site facility program, please contact us at 512-556-8271 or 254-634-0625. Individuals are entitled to request and review their personal information that is gathered on these forms. They may also have any errors on their information corrected by contacting 512-556-8271.

(Signature of Owner or Agent)

PRINTED NAME

(Date)

Date Paid: _____

Amount Paid: _____

Receipt #: _____

LAMPASAS COUNTY
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT
RECEIPT # _____

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL...UNAUTHORIZED CONSTRUCTION CAN
RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

Owner's Name: _____

Professional design required? Yes___No___ If yes, design attached: Yes___ No___

I. Sewer (House drain):

Type & size of pipe: _____ Slope of sewer pipe to tank: _____

II. Daily Wastewater Usage Rate: Q= _____(gpd) Water saving devices? Yes ___ No ___

III. Treatment Unit: Septic Tank ___

Aerobic: ___

Tank Dimensions: _____

Aerobic - Make & Model: _____

Required Tank Size: _____(gal)

Proposed Tank Size: _____(gal)

Other System: _____

IV. Disposal System:

Trench ___ Standard Bed ___ E.T. Bed ___ Low Pressure Dosing ___

Surface Irrigation ___ Infiltrator ___ Other _____

Area Required: _____(sq ft) Area Proposed: _____(sq ft)

NOTE** Soil Substitution and Mound System shall require **2** inspections at an additional cost of \$75.00. Contact Designated Representative prior to construction as to when inspections are to be made. ** **\$75 payment will be submitted at time of 2nd inspection.** **

V. Additional Information:

The following information must be attached for review before Permit to Construct is issued.

A. Soil/Site Evaluation.

B. A **scale drawing** of the OSSF system including structures served by the OSSF, restrictive off-sets (property lines, water lines, wells, etc) if within 100 ft. of the OSSF.

C. Any other pertinent planning materials.

D. Is OSSF in the 100 year floodplain? ___Yes ___No

If in the 100 year floodplain, submit additional information.

Designers Signature

Lic #

Date

LAMPASAS COUNTY : SITE EVALUATION FOR OSSF

Owners Name: _____

Site Address: _____

Name of Site Evaluator: _____ Reg #: _____

Date Performed: _____

- At least two soil evaluations must be performed on the site, at opposite ends of the proposed disposal area. Please show results of each soil evaluation on a separate table. Location of soil evaluations must be shown on the site drawing on the back of this form.
- For subsurface disposal, soil evaluations must be performed to a depth of at least 2 ft. below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.
- Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

Soil Boring Number: ()					
Depth (ft)	Texture Class	Structure (if applicable)	Drainage Mottles/ Water Table	Restrictive Horizon	Comments
1					
2					
3					
4					
5					
6					
7					

Soil Boring Number: ()					
Depth (ft)	Texture Class	Structure (if applicable)	Drainage Mottles/ Water Table	Restrictive Horizon	Comments
1					
2					
3					
4					
5					
6					
7					

Attach extra sheets for additional soil borings.

I certify that the above statements are based on my own field observations.

(Signature of Site Evaluator)

SITE DRAWING FOR PROPOSED OSSF SYSTEM

SHOW NORTH WITH ARROW

Acres: _____

Public Water: Yes__No__

Well: Yes__ No__

- **Show location of proposed sewage system relative to all existing and proposed structures and distances to all restrictive features in Table X of TCEQ regulations. This should include restrictive features on adjoining property if within 100 ft. of area evaluated. If property is over 2 acres, you may show only property lines within 100 ft. of area evaluated.**
- **If professionally designed, attach signed and sealed drawing.**