

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

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 #: _____

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 254-394-2531. 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)

(Date)

Date Paid: _____

Amount: fee \$300

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)

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.

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					

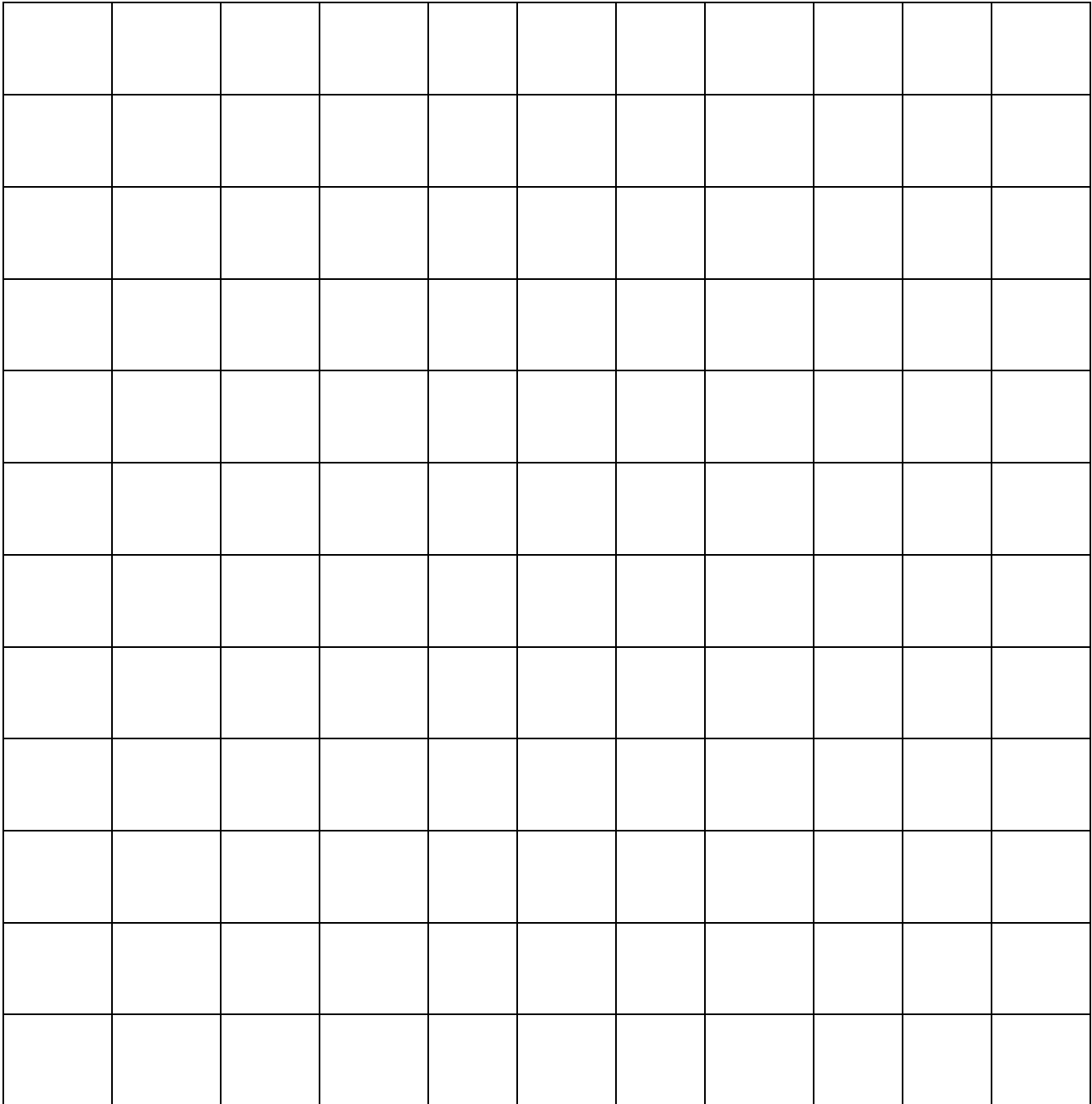
Attach extra sheets for additional soil borings.

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.**

AFFIDAVIT TO THE PUBLIC

County of Lampasas
State of Texas

Before me, the undersigned authority, on this day personally appeared _____, who, after being by me duly sworn, upon oath state that he/she is the representative of, or _____ owner of record of that certain tract or parcel of land lying and being situated in Lampasas County, Texas, and being more particularly described as follows:

Name of Owner of Property _____

Physical Address of Property _____

Survey Name _____ Abst. _____ Vol. _____ Page(s) _____ Acres _____

OR

Subdivision _____ Phase _____ Blk _____ Lot _____

_____ GPD is the maximum usage for this residence

() EVAPOTRANSPORATIVE

The undersigned further states that he/she will, upon any sale or transfer of the above described property, inform any buyer or transferee that an Evapotransporative drain field is utilized on the property. State law requires this due to the system's wastewater disposal limits.

() AEROBIC SYSTEM

The undersigned further states that he/she will, upon any sale or transfer of the above described property, request a transfer or permit to operate such system to the buyer or transferee. Any buyer or transferee is hereby notified that a maintenance contract with an approved maintenance company will be required for use of the system.

Failure to abide by the above stated conditions constitutes a violation of the Rules of Lampasas County, Texas for On-Site Sewage Facilities and will result in the filing of a complaint with the Justice of the Peace Court having jurisdiction in the area where the offense occurs.

WITNESS MY HAND on this the _____ day of _____, 20_____.

(Representative or Property Owner's Signature)

SWORN TO AND SUBSCRIBED BEFORE ME on this the _____ day of _____, 20__ by _____.

NOTARY OF PUBLIC in and for the STATE OF TEXAS

(Licensed Installer's Signature)