LAMPASAS COUNTY

INSPECTIONS done only on Monday–Wednesday (2 days advance notice required for inspection)

APPLICATION TO MODIFY OR CHANGE OSSF

Date of Application _____ Modify_____ Change _____

Property Owner's Name/ Phone #: _____

Property Owners Address :_____

Type of Change: _____Replace Septic tank _____Replace drain field.

Modification: _____Relocate Aerobic Spray Heads _____Other

NOTE: IF SITE ADDRESS IS LOCATED ON AN UNMARKED OR PRIVATE ROAD, ATTACH COORDINATES OR VICINITY MAP TO APPLICATION.

Type of Facility: ___ Single Family Res. ___ <1500 s.f. ___ <2500 s.f. ___ >2500 s.f.

Bedrooms _____Other: _____

Commercial Property (type) _____

_____

Site Evaluator: _____Lic. #_____ Cell # _____

Designer: _____Lic. # _____ Cell # _____

Installer: _____Lic. # _____ Cell # _____

Email Address: _____Required to email authorization

I hereby certify that the above statements are true and correct to the best of my knowledge.

_____* _____ _____

Signature of Owner/Agent Printed Name Date

Date Paid: _____ Amt. Paid ($75.00 Mod./ &350.00 Change):_____ 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 Adress: _____

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.

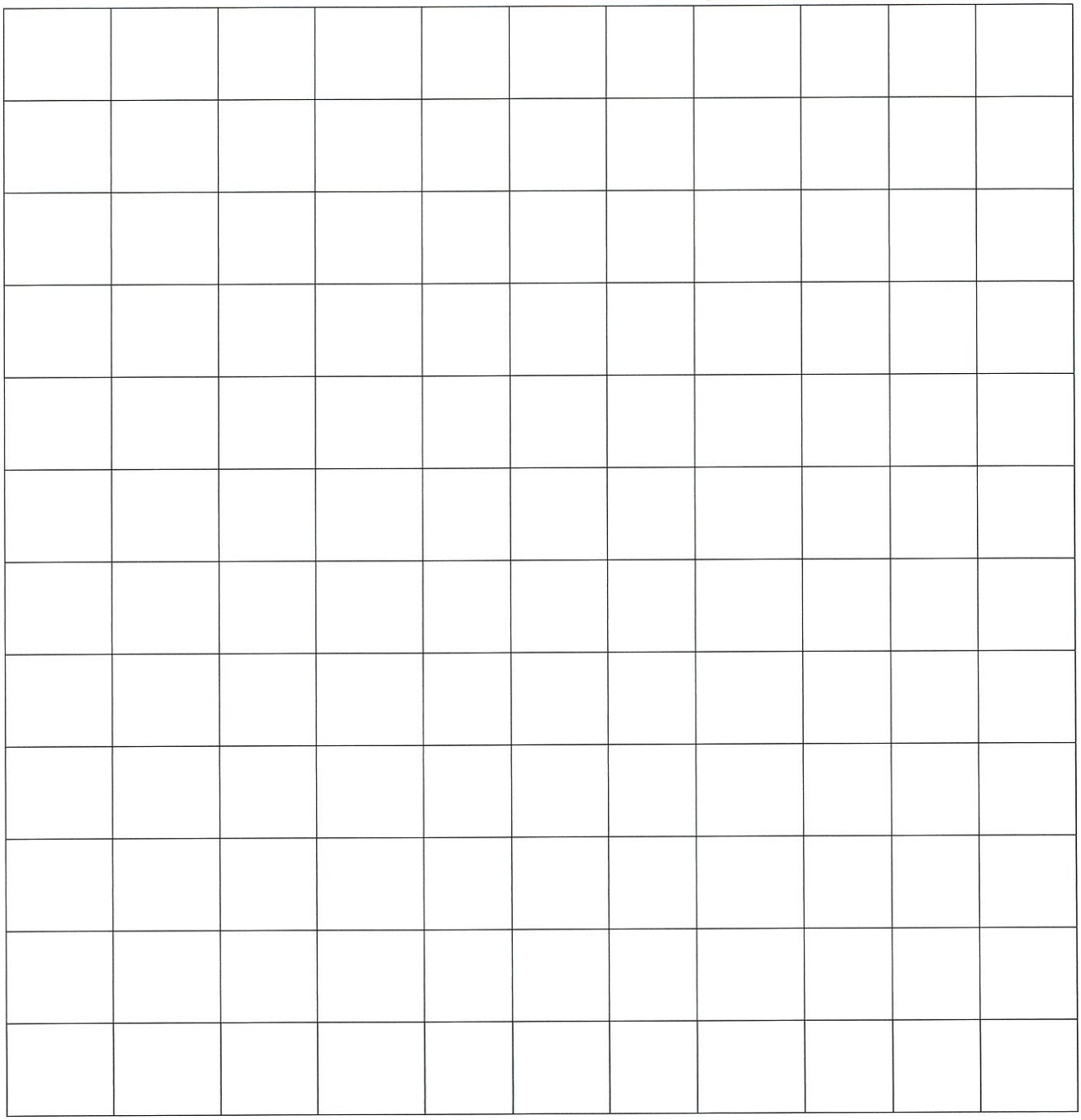
I certify that the above statements are based on my own field observations.

_____

(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.**

OSSF DEPARTMENT would like to update our records with your current address or mailing address, email address and telephone numbers. This will help us to contact you if we should have any questions or problems with your septic system records.

Name _____

Email _____

Telephone Nos. _____ **(Cell)** _____

Mailing Address _____

Thank you for your help!