

LAMPASAS COUNTY

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

APPLICATION TO CONSTRUCT

Date of Application _____ Type of System _____ new _____ failed

Property Owner's Name: _____

Property Owners Address and Phone Number: _____

Site Address 911: _____

Note: Indicate on drawing survey or subdivision.

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: _____ Receipt # _____

*If residence/structure is not in place when OSSF is installed Owner MUST sign the application.

RFV 10-25-19

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 Rep (FA Taylor) 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.