

# 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: \_\_\_\_\_ (optional)**

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)

\_\_\_\_\_  
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 Rep (FA Taylor) prior to construction as to when inspections are to be made. \*\* \$75 payment will be submitted at time of 2<sup>nd</sup> 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.