

New Installation

Modification

TOM GREEN COUNTY, TEXAS - OSSF  
 APPLICATION FOR  
 NEW CONSTRUCTION OR MODIFICATION

Application No. \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_

1. PROPERTY OWNER'S NAME: \_\_\_\_\_  
 (LAST) (FIRST) (MIDDLE)

2. PERMANENT MAILING ADDRESS: \_\_\_\_\_

3. TELEPHONE NO. DURING DAY: \_\_\_\_\_

4. SITE ADDRESS (911) \_\_\_\_\_

SEE CHAPTER 285.31 (c) 2 for questions 5 and 6

5. IS THIS SITE LOCATED IN A FLOODPLAIN: YES  NO

6. IS THIS SITE LOCATED IN A FLOOD WAY: YES  NO

COMMUNITY PANEL # \_\_\_\_\_

BASE FLOOD ELEVATION: \_\_\_\_\_

7. LEGAL DESCRIPTION: IS THIS SITE IN A SUBDIVISION YES  NO

8. SUBDIVISION NAME: \_\_\_\_\_

9. LOCATION in SUBDIVISION: Sec. \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

10. OTHER THAN SUBDIVISION: ACREAGE \_\_\_\_\_ SURVEY \_\_\_\_\_

11. SOURCE OF WATER: Private Well  Public Water Supply  \_\_\_\_\_  
 (Name of Supplier)

12. SINGLE FAMILY RESIDENCE: No. Of Bedrooms \_\_\_\_\_ Living Area (ft<sup>2</sup>) \_\_\_\_\_

13. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: \_\_\_\_\_

14. NO. OF EMPLOYEES or OCCUPANTS per UNIT: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_

15. SITE EVALUATOR: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

16. DESIGNER: \_\_\_\_\_ LIC. # \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

17. INSTALLER: \_\_\_\_\_ LIC. # \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Tom Green County Designated Representative to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with this commission's "construction standards for on-site sewerage facilities".

\_\_\_\_\_  
 (SIGNATURE OF OWNER)

\_\_\_\_\_  
 (DATE)

PROPERTY TAX ID #: \_\_\_\_\_

# TOM GREEN COUNTY OSSF TECHNICAL INFORMATION FOR PERMIT

Owner's Name \_\_\_\_\_

Professional Design Required?  YES  NO    If yes, professional design attached:  YES  NO

**I. SEWER (House Drain):**

Type / Size of Pipe \_\_\_\_\_ Stub out to Tank \_\_\_\_\_ Ft.    Drop in inches \_\_\_\_\_

**II. Daily Waste Water Usage Rate:**    Size of House \_\_\_\_\_ Sq. Ft.    No. of Bedrooms: \_\_\_\_\_

Water Saving Devices:     YES  NO                      Q = \_\_\_\_\_ (gallons/day)

**III. Treatment Unit:**                      Septic Tank                      Aerobic Unit

A. **Septic Tank**                      Size Required: \_\_\_\_\_ gal.    Size Proposed: \_\_\_\_\_ gal.

Manufacture: \_\_\_\_\_ Material \_\_\_\_\_ Model # \_\_\_\_\_

Serial # \_\_\_\_\_                      Liquid Depth of First Compartment \_\_\_\_\_ inches

**Pump Tank** \_\_\_\_\_ gals. Material \_\_\_\_\_ Model # \_\_\_\_\_

Serial # \_\_\_\_\_                      Manufacture: \_\_\_\_\_

Pretreatment Tank:    YES    NO    NA

B. **OTHER** (Please attach description)

**IV. Disposal System (Drain field):**    Class of Soil (circle one)    **I** **II** **III** **IV**

Standard                       Proprietary                       Non- Standard

TYPE: \_\_\_\_\_ Brand name if applicable: \_\_\_\_\_

Area Required: \_\_\_\_\_ Sq. Ft.    Area Proposed \_\_\_\_\_ Sq. Ft.

Width of Panels: \_\_\_\_\_ Ft.                      Number of Panels \_\_\_\_\_

Width of Trench: \_\_\_\_\_ Ft.                      Length of Trench \_\_\_\_\_ Ft.

**V. Additional Information:**

Note - This information must be attached for review to be completed.

A. Site Evaluation                      B. Planning Materials

The attached checklist details those items that must be addressed under each of these categories.

\_\_\_\_\_  
Designer's or Installer's Signature

\_\_\_\_\_  
Registration No.

\_\_\_\_\_  
Date

**TOM GREEN COUNTY**  
**SITE EVALUATION AND PLANNING MATERIALS FOR AN ON-SITE SEWAGE FACILITY**

The following information must be submitted with the design package for review by the Health Dept.  
 Failure to include or address all of the following items may result in approval delays.

Application No. \_\_\_\_\_

Applicant/Site Information		Site Evaluator Information	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Phone No.		Phone No.	
County		License No.	

Additional information:

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**SITE EVALUATION:** A minimum of two soil borings or backhoe pits must be excavated at opposite ends of the proposed disposal area. The borings or pits must be excavated to a depth of two feet below the proposed excavation, or to a restrictive horizon, whichever is less. The boring or pit locations must be indicated. This report shall include a groundwater evaluation, a surface drainage analysis, and all applicable minimum separation requirements.

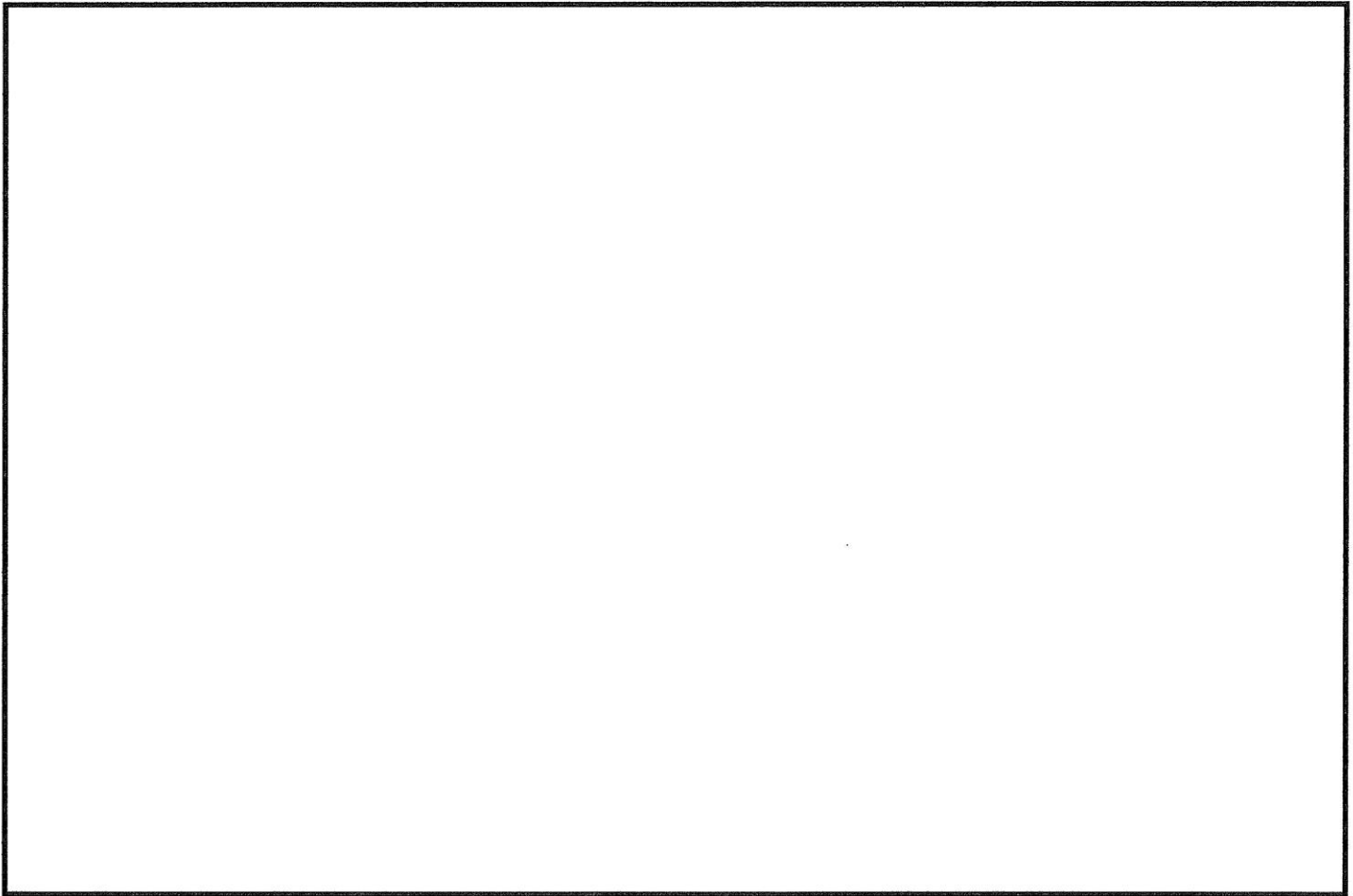
**PLANNING MATERIALS:** The proposed treatment and disposal system shall be prepared based on the site evaluation. The submittal requirements must include the following details.

- A scale drawing of the on-site sewage facility, showing all structures served.
- Submittals prepared by a professional engineer or professional sanitarian must be sealed, dated, and signed.
- Proposed designs must comply with all separation distances identified in Table X.
- A sectional view of the tanks, including pump tanks, and excavations must be submitted.

Soil Boring/Backhoe Pit Number _____						
Depth (Feet)	Soil Class	Gravel Analysis	Restrictive Horizon	Groundwater	Topography	Flood Hazard
0						
1						
2						
3						
4						
5						
6						
7						

Soil Boring/Backhoe Pit Number _____						
Depth (Feet)	Soil Class	Gravel Analysis	Restrictive Horizon	Groundwater	Topography	Flood Hazard
0						
1						
2						
3						
4						
5						
6						
7						

**Schematic of Lot or Tract / Site Drawing**  
 Scale: 1 inch = 50 feet/or appropriate



I certify that the results of this report are based on my site observations and are accurate to the best of my ability.

Signature: \_\_\_\_\_  
 (Site Evaluator)

Date: \_\_\_\_\_

# TOM GREEN COUNTY OSSF

## OSSF SITE DRAWING

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Installer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Site Evaluator Information:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please print)

Cert. No. \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Schematic of Lot or Tract

Show:

1. **Compass North (always toward the top of the page)**, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, waterlines and other structures where known.
2. Indicate slope or provide contour lines from structure to the farthest location of the proposed soil absorption or irrigation area.
3. Location of soil borings or dug pits (show location with respect to a known reference point).
4. Location of natural, constructed or proposed drainage ways, (streams, ponds, lakes, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks. Note presence of 100 year flood zone.
5. Location of existing or proposed wells on site and existing wells on adjacent properties.
6. Lot size : \_\_\_\_\_ acres

Use the space below for the Site Drawing or attach an additional sheet to this page.

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