



BROWN COUNTY OSSF REGISTRATION FORM

200 S. Broadway, #322 Brownwood, Texas 76801 325-643-1985

REGISTRATION NUMBER _____

FEE FOR REGISTRATION \$25.00

1. NAME OF OWNER _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

PHONE NUMBER _____

2. 911 (PHYSICAL) ADDRESS OF PROPERTY _____

3. TYPE OF STRUCTURE: HOUSE () MOBLE HOME () OTHER ()

4. SOURCE OF WATER: PUBLIC WATER SUPPLY () PRIVATE WELL () OTHER () _____

5. SIZE OF PROPERTY _____

6. NAME OF INSTALLER _____

7. TYPE OF SYSTEM TO BE INSTALLED _____

8. APPROXIMATE DATE TO BE INSTALLED _____

I, THE UNDERSIGNED OWNER OF THE ABOVE INDICATED PROPERTY, CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT THE LAND ON WHICH THIS SYSTEM IS TO BE LOCATED IS 10 ACRES OR MORE AND THAT I AM FAMILIAR WITH THE NECESSARY REQUIREMENTS FOR THE INSTALLATION OF ON-SITE SEWAGE FACILITIES AS PROMULGATED BY THE STATE OF TEXAS OR HAVE CONTRACTED WITH A STATE OF TEXAS LICENSED INSTALLER TO INSTALL THIS SEPTIC SYSTEM.

SIGNATURE OF OWNER

DATE OF REGISTRATION

I, THE UNDERSIGNED REPRESENTATIVE OF BROWN COUNTY, TEXAS ACKNOWLEDGE RECEIPT OF THE ABOVE REGISTRATION FOR THE CONSTRUCTION OF AN ON-SITE SEWAGE FACILITY. I HAVE EXAMINED THE REGISTRATON AND ALL REQUIRED ATTACHMENTS. I BELIEVE THAT THE GRANTING OF THIS REGISTRATION IS APPROPRIATE. ACCORDINGLY, THE ABOVE REFERENCED OWNER IS AUTHORIZED TO PROCEED WITH THE CONSTRUCTION OF THIS SEPTIC SYSTEM. I, PERSONALLY OR AS A REPRESENTATIVE FOR BROWN COUNTY, IS MAKING NO REPRESENTATION AS TO THE APPROPRIATENESS OF THIS SYSTEM, ITS DESIGN OR THE LOCATION OF ITS INSTALLATION.

BROWN COUNTY DESIGNATED REPRESENTATIVE

DATE

PROPERTY OWNER _____

PERMIT NUMBER _____

Site Drawing must be to scale & include the following: North on diagram. Water Well Locations. Property Lines. All Cleanouts. Proposed & Existing Structures. Existing Water & Service Lines. Fences. Easements.

[] 1/4" (ONE SQUARE) EQUALS 5 FEET

[] 1/4" (ONE SQUARE) EQUALS 10 FEET

