

LAMPASAS COUNTY

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 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.**