



SOUTH PLAINS PUBLIC HEALTH DISTRICT

ENVIRONMENTAL HEALTH SERVICES

APPLICATION FOR ON-SITE SEWAGE FACILITY NEW CONSTRUCTION OR MODIFICATION

1. PROPERTY OWNERS NAME: _____
2. PERMANENT MAILING ADDRESS: _____ CITY _____
3. SITE ADDRESS: _____ DAYTIME PHONE: _____
4. LEGAL DESCRIPTION: (Sec./Blk./Lot) _____
5. WATER SOURCE: _____ PRIVATE WELL _____ PUBLIC WATER/SUPPLIER _____
6. SINGLE FAMILY RESIDENCE: No. of Bedrooms _____ No. Occupants _____ Area (sq ft) _____
7. COMMERCIAL: No. of employees/occupants: _____ Days occupied per week: _____
8. SITE EVALUATOR: _____ CERTIFICATION No: _____ PHONE _____
9. DESIGNER: _____ LICENSE No. (PE/RS): _____ PHONE _____
10. INSTALLER: _____ REGISTRATION No: _____ PHONE _____

• I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the South Plains Health District to enter upon the above described property for the purpose of lot evaluation and investigation of an on-site sewage facility. This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

Signature of Owner _____ Date _____

SPPHD USE ONLY:

Date ATC Issued _____ Inspection Date _____ Fees Paid Yes No App. # _____

INSTALLER USE ONLY:

No. of Acres _____ Identification (≥ 10 acres) New Permit (≤ 10 acres) Modification SFR Mobile Home

Chambers Standard Pipe & Gravel Gravel-less Pipe EZ Flow Other: _____

Gaines Yoakum Terry Dawson Comments: _____

**ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

OWNER'S NAME: _____ COUNTY: _____

1. HOUSE SEWER INSIDE DIAMETER OF PIPE: _____ TYPE OF PIPE: _____ SLOPE TO TANK _____

2. DAILY WASTEWATER USAGE RATE: Q RATE = _____

IS STRUCTURE EQUIPPED WITH WATER SAVING DEVICES? NO YES

3. SEPTIC TANK: TWO COMPARTMENT TWO SINGLES IN A SERIES CONSTRUCTED OF _____

TANK CAPACITY: GALLONS REQUIRED: _____ PROPOSED: _____

4. DISPOSAL SYSTEM: Chambers Standard Pipe & Gravel Gravel-less Pipe EZ Flow

PERCENT OF AREA ALLOWED FOR LEACHING

MINIMUM AREA REQUIRED: _____ ADJUSTED AREA REQUIRED: _____

ACTUAL AREA INSTALLED: _____ NO. OF CHAMBERS INSTALLED: _____

EXCAVATION WIDTH: _____ TYPE/DIAMETER OF PIPE: _____

EXCAVATION LENGTH: _____ TYPE/SIZE OF MEDIA: _____

EXCAVATION DEPTH: _____ TYPE OF BARRIER: _____

ADDITIONAL INFORMATION: (THIS INFORMATION MUST BE ATTACHED FOR REVIEW)

A. SITE EVALUATION

B. DRAWING W/ MEASUREMENTS & SETBACK DISTANCES

C. IF SYSTEM SERVES RV PARK, RENTAL PROPERTY OR INCLUDES GREASE TRAP A P.E. OR R.S. SIGNATURE OR STAMP IS REQUIRED

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Q RATE (GALLONS PER DAY) _____ ÷ _____ (*SOIL TYPE*) = _____

_____ X _____ % *REDUCTION (IF APPLICABLE)* = _____

_____ ÷ _____ (*DIVIDE BY 5 IF 3 FT DITCH, OR
DIVIDE BY 4 IF 2 FT DITCH*) = _____

SOIL TYPE MULTIPLIERS: CLASS Ia = 0.50 CLASS Ib = 0.38 CLASS II = 0.25 CLASS IV = 0.1

**ON-SITE SEWAGE FACILITY
SOIL EVALUATION REPORT INFORMATION**

Requirements:

- *At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.
- *Locations of soil boring or dug pits must be shown on the site drawing.
- *For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth.
- * For surface disposal, the surface horizon must be evaluated.
- *Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

Soil Boring Number ____ #1 ____						
Depth (ft)	Texture Class	Soil Texture	Structure (for Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0 _____						
1 _____						
2 _____						
3 _____						
4 _____						
5 _____						

Soil Boring Number ____ #2 ____						
Depth (ft)	Texture Class	Soil Texture	Structure (for Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0 _____						
1 _____						
2 _____						
3 _____						
4 _____						
5 _____						

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability

**ON-SITE SEWAGE FACILITY
SITE MAP**

Schematic of Lot or Tract

Show:

- **Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, other structures, etc.**
- **Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil absorption or irrigation area.**
- **Location of soil borings or dug pits (show location with respect to a known reference point).**
- **Location of natural, constructed or proposed drainage ways, (streams, ponds, lakes, water impoundment areas, cut or fill bank, sharp slopes and breaks. **Note presence of 100 year flood zone.****
- **Location of existing or proposed wells on site and existing wells on adjacent properties.**
- **Lot size: _____ acres**

Compass North



Site Drawing

OSSF APPLICATION ONLY!

- 1. THIS APPLICATION MUST BE COMPLETED BY A SITE AND SOIL EVALUATOR. PLEASE REFER TO THE ATTACHED LIST.**
- 2. RETURN THIS APPLICATION TO THE SOUTH PLAINS PUBLIC HEALTH DISTRICT.**
- 3. AFTER STEPS 1 AND 2 ARE COMPLETE, YOU WILL THEN RECEIVE YOUR PERMIT TO BEGIN CONSTRUCTION. DO NOT BEGIN CONSTRUCTION ON YOUR SEPTIC SYSTEM UNTIL YOU RECEIVE AUTHORIZATION FROM THE SOUTH PLAINS PUBLIC HEALTH DISTRICT. FAILURE TO DO SO IS A CLASS C MISDEMEANOR.**
- 4. THE SYSTEM MUST BE CONSTRUCTED ACCORDING TO THE APPROVED SITE MATERIALS AND MAP.**
- 5. CONTACT THE SOUTH PLAINS PUBLIC HEALTH DISTRICT AT 432 847 7983 OR 432 758 4021 TO SCHEDULE AN INSPECTION FOR YOUR SEPTIC SYSTEM.**

