



ON-SITE SEWAGE FACILITY APPLICATION AND AUTHORIZATION TO CONSTRUCT

County: Gaines [ ] Yoakum [ ] Terry [ ] Dawson [ ] Lynn [ ]
Permit Number: \_\_\_\_\_ Lot Size \_\_\_\_\_ Receipt Number: \_\_\_\_\_
Date Received: \_\_\_\_\_ Date ATC Issued: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_
Check Number: \_\_\_\_\_ Cash Amount: \_\_\_\_\_ Debit Card: Yes [ ] No [ ]

1. Property Owner's Name:

\_\_\_\_\_
Last First Middle
2. Mailing Address or Email Address: \_\_\_\_\_

3. Site Address: \_\_\_\_\_ Directions: \_\_\_\_\_

4. Phone Number: \_\_\_\_\_
Home Work

5. Legal Description: \_\_\_\_\_
Section Block Lot/Tract No. of Acres Subdivision

6. Variance Requested? (Required if less than 1 acre) Yes [ ] No [ ] Contact Info for R.S. or .P.E. \_\_\_\_\_

7. Installer Name: \_\_\_\_\_ TX OSSF License No. \_\_\_\_\_

8. Site/Soil Evaluator Name: \_\_\_\_\_ TX OSSF License No. \_\_\_\_\_

9. Designer Name, if applicable (must be R.S. or P.E.) \_\_\_\_\_ Reg. No. \_\_\_\_\_

10. Water usage rates from TCEQ Rules, Table III:

Water supply: Private well present [ ] No well at this time [ ] Public water supply [ ] Water saving devices? Yes [ ] No [ ]
Single-Family Residence: No. of bedrooms \_\_\_\_\_ Gallons/day \_\_\_\_\_ Square footage \_\_\_\_\_
Commercial or Institutional: Type of facility \_\_\_\_\_ Gallons/day \_\_\_\_\_ No. of occupants \_\_\_\_\_
Multi-family/commercial, etc.

11. Site evaluation and soil analysis:

A. Depth to bottom of test hole or pit (must be 24" > than proposed drain field) \_\_\_\_\_ inches
B. Soil texture: Class Ia \_\_\_\_\_ Class Ib \_\_\_\_\_ Class II \_\_\_\_\_ Class III \_\_\_\_\_ Class IV \_\_\_\_\_
0.50 0.38 0.25 0.20 0.1
C: Presence of any condition which will affect suitability, size, or location of system? \_\_\_\_\_
If yes, please explain \_\_\_\_\_
D: Is site of system located in 100 year floodplain? Yes [ ] No [ ] If yes, please explain what safeguards will be employed to prevent tank flotation and environmental contamination? \_\_\_\_\_

12. Tank size: \_\_\_\_\_ Gallons Tank manufacturer: \_\_\_\_\_ Constructed of: Poly [ ] Cement [ ]

13. Proposed drain-field length in feet: \_\_\_\_\_ Leaching chambers [ ] PVC & Gravel [ ] Gravel-less [ ] Other: \_\_\_\_\_

15. On the reverse side of this page or an additional page, please indicate scale map of proposed septic system including the width and length of each associated trench. Please include location and distance of wells, property lines, surface improvements, abandoned sewage systems, easement lines, water features, ditches, direction and % of slope, location of bore holes, and scale of drawing. Please show formula for sizing the system.

16. Signature of owner or agent:

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. AUTHORIZATION IS GIVEN TO THE SPPHD DESIGNATED REPRESENTATIVES TO ENTER UPON THE ABOVE LISTED PRIVATE PROPERTY FOR THE PURPOSE OF LOT EVALUATION AND INSPECTION OF ON SITE SEWAGE FACILITIES.

Signature of owner or agent \_\_\_\_\_ Date \_\_\_\_\_

**SPPHD ON-SITE SEWAGE FACILITY CALCULATIONS AND SOIL EVALUATION FORM**

Calculations: Q Rate \_\_\_\_\_ ÷ \_\_\_\_\_ (Soil Type) = \_\_\_\_\_  
 \_\_\_\_\_ X \_\_\_\_\_ (% Reduction if applicable) = \_\_\_\_\_  
 \_\_\_\_\_ ÷ \_\_\_\_\_ (Divide by 5 if 3' ditch Divide by 4 if 2' ditch) = \_\_\_\_\_

Property Owner: \_\_\_\_\_ Site Location/Address: \_\_\_\_\_ Site Evaluator: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

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
12" Deep						
24"						
36"						
48"						
60"						
72"						
84"						

**\*Soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth.**

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
12" Deep						
24"						
36"						
48"						
60"						
72"						
84"						

**\*Soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth.**

Signature of site evaluator \_\_\_\_\_ Date \_\_\_\_\_

**Permit Number:** \_\_\_\_\_ **Owner Name:** \_\_\_\_\_ **Installer Name:** \_\_\_\_\_

**Treatment Tank:**

Mfr: \_\_\_\_\_

**Piping:**

Stubout to Tank: \_\_\_\_\_

**Drainfield:**

Q= \_\_\_\_\_ (GPD)

**Risers:**

Risers Installed: Y / N Safety Feature: \_\_\_\_\_

Tank Depth: \_\_\_\_\_

Tank to Drainfield: \_\_\_\_\_

Mfg: \_\_\_\_\_

Riser Height: \_\_\_\_\_ Riser Mfr: \_\_\_\_\_

North ↑



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# **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, 432 209-3361 OR 432 758 4021 TO SCHEDULE AN INSPECTION FOR YOUR SEPTIC SYSTEM .**