



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: _____ Phone _____ TX OSSF License No. _____

8. SS Eval Name: _____ Phone _____ 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 _____

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.**

I CERTIFY THAT THE FINDING OF THIS REPORT ARE BASED ON MY FIELD OBSERVATIONS AND ARE ACCURATE TO THE BEST OF MY ABILITY

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 ↑



Rev. 11/18

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 806-801-3749, 432-209-3361 OR 432-955-1021 TO SCHEDULE AN INSPECTION FOR YOUR SEPTIC SYSTEM .**



LIST OF TCEQ LICENSED INSTALLERS AND SITE AND SOIL EVALUATORS

YOU ARE ALLOWED TO INSTALL A SEPTIC SYSTEM ON YOUR PROPERTY ONLY IF YOU ARE THE PROPERTY OWNER. **YOU MAY NOT HIRE ANYONE TO INSTALL YOUR SYSTEM WHO IS NOT A LICENSED INSTALLER.** IF YOU ARE GOING TO INSTALL THE SYSTEM YOURSELF, A SITE AND SOIL EVALUATION MUST BE PERFORMED BY A LICENSED INDIVIDUAL, PRIOR TO THE INSTALLATION. THIS RULE APPLIES TO A SINGLE FAMILY RESIDENCE ONLY. **COMMERCIAL INSTALLATIONS MUST BE PERFORMED BY A LICENSED INSTALLER**

THERE ARE MANY TYPES OF DRAINFIELDS THAT ARE APPROVED FOR INSTALLATION IN OUR DISTRICT. ALL MUST BE INSTALLED CORRECTLY AND INSPECTED BEFORE THEY ARE COVERED. THE SIZE OF THE SEPTIC TANK AND DRAIN FIELDS ARE DETERMINED BY GALLONS OF WATER USED PER DAY, NUMBER OF BEDROOMS, SQUARE FOOTAGE, ETC. THIS OFFICE CAN PROVIDE YOU WITH A LIST OF REQUIREMENTS FOR YOUR SYSTEM OR YOU MAY CONTACT THE DESIGNATED REPRESENTATIVE FOR YOUR COUNTY LISTED BELOW.

ALL OF THE INDIVIDUALS LISTED BELOW ARE LICENSED TO INSTALL SYSTEMS AND CAN ASSIST YOU WITH THE APPLICATION PROCESS AND WILL CONTACT THIS OFFICE REGARDING THE PERMIT AND THE INSPECTION. IF YOU ARE INSTALLING THE SYSTEM YOURSELF, YOU ARE RESPONSIBLE FOR SUBMITTING THE COMPLETED APPLICATION WITH SITE AND SOIL SURVEY TO THE SEMINOLE OR LAMESA OFFICE. **FAILURE TO PROPERLY FILE THE NECESSARY PAPERWORK BEFORE BEGINNING CONSTRUCTION MAY RESULT IN PENALTIES, COURT COSTS AND FINES.**

LOCALLY LICENSED INSTALLER II / SITE AND SOIL EVALUATORS

NEIL & MARY PETERS	(432) 209-2522
BENJAMIN REDEKOPP	(432) 955-5181
RYAN RICHARDS	(432) 634-0072
DEE FOSTER	(806) 893-3464
JC TIJERINA	(806) 891-1410
JEFF ROSE	(806) 319 2825
CHRIS ROSE	(806) 872-3502
BRENT HOGAN	(806) 702-2597
FRANK REDEKOPP	(432) 209-5410
BROTHERS SEPTIC	(806) 793-1772
JASON TURNER	(806) 241-5066
ARAN THIESSEN	(432) 955-8769
ISAI GARCIA	(520) 403-0784

LOCALLY LICENSED INSTALLER I OR LICENSED APPRENTICE

FRANK BERGEN	(432) 209-4863
DAVID FROESE	(432) 788-0014
JOHN BARTSCH	(432) 209-4631
BRENDA TRUSTY	(575) 393-1200
MASTER PLUMBERS	(575) 397-9385
RUSSELL EDWARD TAYLOR	(806) 637-4621
PETER THIESSEN	(432) 201-0310

LICENSED DESIGNATED REPRESENTATIVES (Inspectors)

ZACHARY HOLBROOKS, R.S., D.R.	(806) 801-3748	
VICTORIA BARA, D.R.	(806) 801-3682	Dawson
Wes Ulmer	(806) 801-3749	Gaines, Yoakum, Terry, Lynn

