

Permit Amount: Aerobic \$ 450.00 Anaerobic \$ 350.00
Commercial: \$ 550.00 Re-Inspection: \$ 100.00

PERMIT # _____

CORYELL COUNTY

APPLICATION TO CONSTRUCT OR MODIFY OSSF

New Installation Repair Alteration

Type of Disposal System:

<input type="checkbox"/> Absorptive Mounds	<input type="checkbox"/> Leaching Chambers	<input type="checkbox"/> Trenches
<input type="checkbox"/> Drip Irrigation	<input type="checkbox"/> Low Pressure Dosing	<input type="checkbox"/> Standard Bed
<input type="checkbox"/> Evapotranspiration Beds	<input type="checkbox"/> PTI Systems	<input type="checkbox"/> Soil Substitution
<input type="checkbox"/> Gravel-less Pipe	<input type="checkbox"/> Pumped Effluent	<input type="checkbox"/> Surface Applications
		<input type="checkbox"/> Other: Specify _____

Water Saving Devices: Yes No; System Capacity: GPD _____; SQ Footage of Drainfield: _____

Water Source: Public Water/Supplier _____; Public Well; Private Well/Distance _____

Property Owner's Name: _____ Tel: _____

Current Mailing Address: _____ City: _____ TX _____

9-1-1 Site Address: _____ City: _____ TX _____

Inside City Limits? Yes No

Subdivision Name: _____ Legal Description: Block # _____ Lot # _____ Section # _____

Acres: _____ Name of Survey: _____ Abst # _____ Vol.# _____ Pg.# _____

Type of Facility: **Residential:** Number of Bedrooms: _____ Square Feet of Living Area: _____

Built on Site Pre-Built – Modular Mobile Home

Commercial/Non-Residential (includes multi-family residence) Type of Facility: _____

Number of Employees/ Occupants/ Units: _____ Days occupied per week: _____

Tank Manufacturer: _____; Size tank required: _____ gal; Size tank installed: _____ gal

Written verification by a Professional Engineer that the manufacturer is in compliance with ASTM Standard C-1227 must be provided if not on file with Coryell County. Attached: Yes No

Site Evaluator: _____ License #: _____ Tel: _____

Designer: _____ License #: _____ Tel: _____

Installer: _____ License #: _____ Tel: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Designated Representative of Coryell County, Texas, to enter upon the above property for the purpose of inspecting the site and the on-site sewage facility (OSSF). Construction of the on-site sewage system must not begin until this application is approved and a PERMIT TO OPERATE is issued.

Signature of Owner or Representative

Date

OSSF SOIL EVALUATION

CORYELL COUNTY

Property Owner: _____ Site Address: _____

REQUIREMENTS: At least two (2) 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 (2) 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 # 1					
Depth (feet)	Texture Class	Structure (if applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0	_____				
1	_____				
2	_____				
3	_____				
4	_____				
5	_____				

SOIL BORING # 2					
Depth (feet)	Texture Class	Structure (if applicable)	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 knowledge.

Signature of Site Evaluator

License #

Date

OSSF SITE EVALUATION

PERMIT # _____

CORYELL COUNTY

**Applicant Information if not Homeowner
(includes builders):**

Name: _____
Address: _____
City: _____
Tel: _____ Fax: _____

Installer Information:

Name: _____
Company: _____
Address: _____
City: _____
Tel: _____ Fax: _____

Complete the Following:

Incorporated Area? Yes No
Presence of upper water shed? Yes No
Existing/proposed water well in nearby area? Yes No
Organized sewage service available to lot/tract? Yes No
**Presence of adjacent ponds, streams, water
impoundments?** Yes No

Site Evaluator Information: (if not installer)

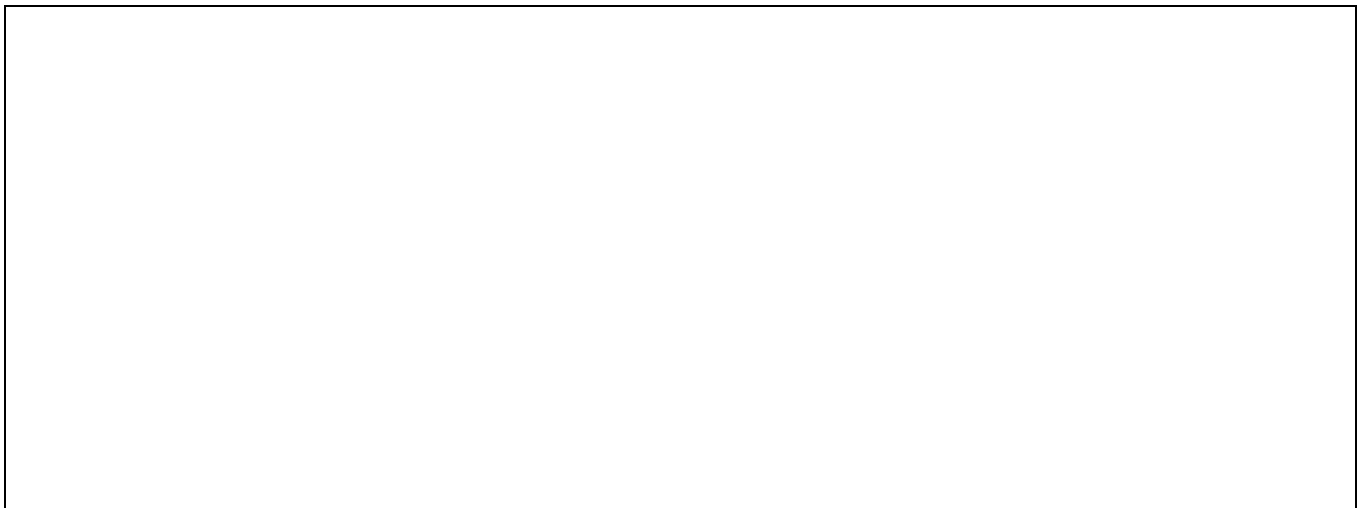
Name: _____
Company: _____
Address: _____
City: _____
Tel: _____ Fax: _____

Professional Design required? Yes No; **If yes, professional design attached:** Yes No

Schematic of Lot or Tract

Show: Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines and other structures where known. Location of existing or proposed **water wells** within 150 feet of property. **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, rivers, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks.

SITE DRAWING



Signature of Site Evaluator

License #

Date

AFFIDAVIT TO THE PUBLIC

PERMIT # _____

COUNTY OF CORYELL
STATE OF TEXAS

OWNER NAME: _____

Before me, the undersigned authority, on this day personally appeared _____, who, after being by me duly sworn, upon oath states that he/she is the representative of, or owner of record of that certain tract of parcel of land lying and being situated in Coryell County, Texas, and being more particularly described as follows:

Survey Name _____ Abs. # _____ Vol. # _____ Pg # _____ Acres _____
and/or

Name of Subdivision: _____ Block _____ Lot/Tract _____ Section/Phase _____

9-1-1 Address: _____ City & Zip _____

EVAPOTRANSPIRATIVE (Gallons per day) _____

The undersigned further states that he/she, upon any sale or transfer of the above-described property, informs any buyer or transferee that an evapotranspirative drainfield is utilized on the property. State law requires this due to the systems wastewater disposal limits.

AEROBIC SYSTEM (Gallons per day) _____

The undersigned further states that he/she will, upon any sale or transfer of the above-described property, request a transfer of the permit to operate such system to the buyer or transferee. Any buyer or transferee is hereby notified that a maintenance contract with an approved maintenance company will be required for use of the system.

Failure to abide by the above stated conditions constitutes a violation of the Texas Commission on Environmental Quality Rules and of the Coryell County Order for the On-Site Sewage Facilities which will result in the filing of a complaint with the Justice of the Peace Court having jurisdiction in the area where the offense occurs.

WITNESS MY/OUR HAND(S) on this _____ day of _____, 20____.

Representative or Property Owner Signature or Licensed Installer

* * * * * NOTARY PUBLIC * * * * *

SWORN TO AND SUBSCRIBED BEFORE ME on this _____ day of _____, 20____.

by _____ for _____
(Representative) (Property Owner)

seal



Notary Public, State of Texas

Leave space below this line BLANK for County Clerk's seal