

Septic System \_\_\_\_\_  
 Water Sample \_\_\_\_\_



Receipt # \_\_\_\_\_  
 Date Paid \_\_\_\_\_

Phone: (806)-378-9472  
 Fax: (806)-378-3585

TDD: (806)-378-9472  
 ehealth@amarillo.gov

## Amarillo Area Public Health District

### Application for Inspection of an Existing Septic System

Name of applicant: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Address of septic system: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PRAD Property ID: \_\_\_\_\_

Subdivision or section: \_\_\_\_\_ Tract: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Square footage of house: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

Is the system easily accessible at all times? Ex. Locked enclosure or animals? Yes  No  Call For Appt.

Is the home vacant? Yes  No  How long \_\_\_\_\_

Have any additions been added since the home was built? Yes  No  Unknown

Has the septic tanks been pumped? Yes  No  Unknown

Do any of the toilets leak? Yes  No  Unknown

Check all that apply: Water softener  Hot tub  Dishwasher  Garbage disposal

How do you want the results returned to you? Email  Fax  Mail

Email: \_\_\_\_\_

Fax: Name \_\_\_\_\_ Company \_\_\_\_\_ Number \_\_\_\_\_

Mail: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Permit fees:	Septic Systems	\$165.00
Technology fee: \$10.00	Water Samples	\$76.00
<p><small>*If our office did not originally inspect and approve the installation of this septic system, our office will not conduct an inspection of the system. We do not have a way to verify the system met State standards at the time of construction.</small></p> <p><small>*By signing this application, I understand that any information reported on this form reflects the conditions on the day of inspection only and that the Environmental Health Department makes no guaranties that the septic system will remain trouble free or in satisfactory working condition.</small></p>		

Mail Application and Permit Fee To  
**Environmental Health Department**  
 PO Box 1971  
 Amarillo, TX 79105-1971

Physical Address  
**Environmental Health Department**  
 808 S. Buchanan  
 Amarillo, TX 79101

**To be completed by Environmental Health Specialist**

Was a water sample collected?	Date: _____		
Is the septic system approved for the current number of bedroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do downspouts drain onto the septic system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a sprinkler system located over the septic system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have any surface improvements been placed over the top of the septic system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Upon probing of the drain field, did any effluent percolate out of the probe holes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there evidence of a failing sewage system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are there any depressions more than 6 inches over any portion of the septic system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Notes: \_\_\_\_\_

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Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_