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Date	Daid
Date	Palu

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



Date Issued\_\_\_\_\_ Permit #\_\_\_\_\_

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

## **Amarillo Area Public Health District**

Application to install or alter an <u>Aerobic</u> On-Site Sewage Facility in Potter or Randall County ALL INFORMATION MUST BE COMPLETE BEFORE A PERMIT WILL BE ISSUED

Land Owner's Name:				
Mailing Address: (City, State, Zip)				
Land Owner's Contact Info:	Email:		Phone:	
Installer's Name:			License	#
Installer's Address: (City, State, 2				
Installer's Contact Info:	Email:			ıx:
Address of Installation: (City,	State, Zip)			
Directions to Job Site:				
Water Source to Property:	Private Well 📃 P		me of supplier):	
For wells drilled after December 18, 19				′es 📄 🛛 No 🗌
The information below r		ter/Randall Appraisal District at 8		te: <u>www.prad.orq</u>
Block:				
Lot Size: (In Acres)				
Tract:				
Hact			-	
Soil Classification:		Site Evaluation	on Attached:	
House or Mobile Home:		Number of St	tructures on Property:	
Square feet of House:		Number of b	edrooms:	
1500 to 2500 = 3 bedrooms 🗌	2501 to 3500 = 4 bed	lrooms 🗌 3501 to 4500 =	5 bedrooms 🗌 4501	to 5500 = 6 bedrooms 🗌
House sewer pipe type:		Pipe diameter, r	rating used <sup>(To Tank/Drain Field)</sup>	/
Aerobic Manufacturer:			1anufacturer's Name:	
Is this model on TCEQ list:	Yes 🗌 No 🛛	Model Numb	per:	
Trash Tank size <sup>(gallons)</sup> :		Secondary co	ontainment device:	Yes 📃 No 🗌
OSSF gallons per day:		Type of dispo	osal treatment:	
Horsepower of pump:		Total disposa	al area to be installed:	
Flow rate of each emitter:		Total numbe	r of emitters/panels:	
FOR COMMERCIAL	SYSTEMS: DOMESTIC	C SEWAGE ONLY; no hyd	Irocarbons or other w	aste products:
Type of facility		Estimated wa	ater consumption:	
Floor drains present:	Yes No [	Number of e	mployees:	
Use of floor drains:		Number of c	ustomers per day:	
Sq. ft. of building:				
A Professional Engineer or Re appropriate planning materia	-		g on-site sewage facilit	ies and submit
	red Housing Community	Pressure Dosing	Sewage Recycling	Secondary Treatment
Multi Unit Residential Mound Syst	tems	Recreational Vehicle Parks	Soil Substitution	Spray Application

Designer's Name:\_\_\_\_\_ License Number:\_\_\_\_\_

Phone:

You must check the proper box with a yes, no or not applicable										
From all the site characteristics listed below: Can you install the septic tank	To:	То:	YES	NO	N/A					
and drain field at least the minimum distances shown?	Tank	Drain field								
	(in feet)	(in feet)								
Public Wells	50	150								
Wells: yours and neighbors'	50	100								
Water lines	10	10								
Property Lines	5	5								
Lakes, streams, ponds, creeks, (include dry ones)	50	75								
Sharp slopes where seeps may occur	5	25								
Foundations, building surface improvements	5	5								
Easements	1	1								
Swimming pools	5	5								
All trenches are at least three feet apart										
All trenches and beds 5 feet or less in depth										
All lines in drain field 150 feet or less	All lines in drain field 150 feet or less									
Is a maintenance contract signed, notarized, valid for 2 years and attached?										
Copy of affidavit at County Clerk's office attached?										
Does at least one individual in the company or the company have a maintenance license?										
Will the maintenance company inspect at least once every 4 months and provide Environmental Health within 14 days of performing the maintenance?	the report to									
Will the maintenance company respond to complaints within 10 days and provid Environmental Health?	results to									
Will the maintenance company install a weather resistant tag or identification sy system and indicate the date the system was checked at each maintenance chec		e on-site								
Is the drip irrigation system equipped to flush the contents of the lines back to the	ne pretreati	ment unit?								

## For any question answered NO, a signed variance request must be included and a Registered Sanitarian or Professional Engineer must design the system and include planning materials with this application

## All portions of the soil absorption field must be level

It is hereby stipulated and agreed by the undersigned who is the applicant for such permit, that in consideration of the issuance of such permit, the said applicant will conform with all the provisions of Texas Chapter 285 On-Site Sewage Facilities and with all orders that may be made from time to time by the Health Officer and it is further stipulated and agreed that the Health Officer or his/her representative is granted permission to inspect the premises and system of the undersigned insofar as it pertains to the provisions of Texas Chapter 285 On-Site Sewage Facilities and that the information given herein is true and correct.

It is further agreed that a \$10.00 technology fee, \$10.00 TCEQ State Fee in addition to the fee of \$405.00 for advanced treatment (Secondary Treatment of Greater) will accompany this application for permit and an inspection by the Environmental Health Department must be made before backfill is started. Once this application is approved, the permit to construct will be valid for a period of one year. There will be an additional \$103 trip fee for each inspection if more than one inspection is needed. Any applicant can appeal decisions and inspections relating to the installation of this septic system by requesting an Administrative Hearing. The Director of Environmental Health can furnish details to this process.

Are you familiar with all the provisions of Texas Cha	apter 285 On-Site Sewage Facilities?	Yes 🗌	No 🗌
If using graveless pipe or leaching chambers are yo	ou familiar with their installation requirements?	Yes 🗌	No 🗌
	home, your mortgage company may require a certific partment can certify the sample only if our office col	-	ole.
	License Number:		
Owner or owner's agent signature (owner's agent i Sanitarian or professional engineer) No inspection will be scheduled for 24 h	may be an installer, professional nours following receipt of application to allow sufficie	ent review tim	e.
Date of Approval:	Please return this app		
By <sup>(Sanitarian's Signature)</sup> .	Amarillo Environment	al Health Depa	artment
License Number:	P.O. Box 1971	1	
	Amarillo, Texa	as 79105-1971	

Installer notified construction permit approved and to begin construction:

Office 🗌

Phone: (806) 378-9474 Fax: (806) 378-3585

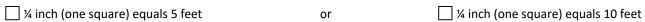
Phone 🗌

Date:

Email: John.Gates@amarillo.gov

Field 🗌

Accurately draw the entire septic system and surrounding area using one of the following scales:



Drawing must be to scale.

Indicate distances from neighbor's wells. Designate which direction "North" is on your drawing.

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