

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

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 Aerobic 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, Zip) \_\_\_\_\_

Installer's Contact Info: Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address of Installation: (City, State, Zip) \_\_\_\_\_

Directions to Job Site: \_\_\_\_\_

Water Source to Property: Private Well  Public Well  (If public name of supplier): \_\_\_\_\_

For wells drilled after December 18, 1996, If the well is pressure cemented is a copy of the well log attached: Yes  No

The information below may be obtained from the Potter/Randall Appraisal District at 806-358-1601 or on their website: [www.prad.org](http://www.prad.org)

County: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Unit: \_\_\_\_\_

Block: \_\_\_\_\_ Property ID: \_\_\_\_\_ Census Tract: \_\_\_\_\_

Lot Size: (In Acres) \_\_\_\_\_ Lot: \_\_\_\_\_ Section: \_\_\_\_\_

Tract: \_\_\_\_\_ Map Number: \_\_\_\_\_

Soil Classification: \_\_\_\_\_ Site Evaluation Attached: \_\_\_\_\_

House or Mobile Home: \_\_\_\_\_ Number of Structures on Property: \_\_\_\_\_

Square feet of House: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

1500 to 2500 = 3 bedrooms  2501 to 3500 = 4 bedrooms  3501 to 4500 = 5 bedrooms  4501 to 5500 = 6 bedrooms

House sewer pipe type: \_\_\_\_\_ Pipe diameter, rating used (To Tank/Drain Field) \_\_\_\_\_ / \_\_\_\_\_

Aerobic Manufacturer: \_\_\_\_\_ Trash Tank Manufacturer's Name: \_\_\_\_\_

Is this model on TCEQ list: Yes  No  Model Number: \_\_\_\_\_

Trash Tank size (gallons): \_\_\_\_\_ Secondary containment device: Yes  No

OSSF gallons per day: \_\_\_\_\_ Type of disposal treatment: \_\_\_\_\_

Horsepower of pump: \_\_\_\_\_ Total disposal area to be installed: \_\_\_\_\_

Flow rate of each emitter: \_\_\_\_\_ Total number of emitters/panels: \_\_\_\_\_

**FOR COMMERCIAL SYSTEMS: DOMESTIC SEWAGE ONLY; no hydrocarbons or other waste products:**

Type of facility: \_\_\_\_\_ Estimated water consumption: \_\_\_\_\_

Floor drains present: Yes  No  Number of employees: \_\_\_\_\_

Use of floor drains: \_\_\_\_\_ Number of customers per day: \_\_\_\_\_

Sq. ft. of building: \_\_\_\_\_

A Professional Engineer or Registered Sanitarian must design the following on-site sewage facilities and submit appropriate planning materials with this application:

Aerobic treatment      Manufactured Housing Community      Pressure Dosing      Sewage Recycling      Secondary Treatment  
Multi Unit Residential      Mound Systems      Recreational Vehicle Parks      Soil Substitution      Spray Application

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

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

**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 Chapter 285 On-Site Sewage Facilities? Yes  No

If using graveless pipe or leaching chambers are you familiar with their installation requirements? Yes  No

**If you are purchasing or refinancing this home, your mortgage company may require a certified water sample. The Environmental Health Department can certify the sample only if our office collects.**

\_\_\_\_\_  
 Owner or owner's agent signature (owner's agent may be an installer, professional Sanitarian or professional engineer) License Number: \_\_\_\_\_

**No inspection will be scheduled for 24 hours following receipt of application to allow sufficient review time.**

Date of Approval: \_\_\_\_\_  
 By (Sanitarian's Signature): \_\_\_\_\_  
 License Number: \_\_\_\_\_

**Please return this application to:**  
 Amarillo Environmental Health Department  
 P.O. Box 1971  
 Amarillo, Texas 79105-1971  
 Phone: (806) 378-9474  
 Fax: (806) 378-3585  
 Email: John.Gates@amarillo.gov

Installer notified construction permit approved and to begin construction:

Phone  Office  Field

Date: \_\_\_\_\_

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

¼ inch (one square) equals 5 feet

or

¼ inch (one square) equals 10 feet

Drawing must be to scale.  
Indicate distances from neighbor's wells.  
Designate which direction "North" is on your drawing.

