

Phone: (806) 378-9472
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ehealthOSSF@amarillo.gov



Date Paid: _____
Permit No.: _____

Amarillo Area Public Health District Application for Inspection of an Existing Septic System

Name of Applicant: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Number: _____ Email Address: _____

Address of Septic System: _____ City: _____ State: _____ Zip: _____

PRAD Property ID: _____ Subdivision/Section: _____ Tract: _____ Block: _____ Lot: _____

Square Footage of Building: _____ Number of Bedrooms: _____

Is the home vacant? **The property owner or agent must be available during the inspection.** Yes No

Have any additions/improvements been constructed since the home was built? Yes No Unknown

If yes, explain: _____

Has the septic tank(s) been pumped in the last three to five years? Yes No Unknown

Do any of the water fixtures leak? Yes No Unknown

Check all that apply: Water Softener Garbage Disposal Dishwasher Irrigation

How do you want the results returned to you?

Email: _____

Mail: _____ City: _____ State: _____ Zip: _____

Applicant's Signature: _____ Date: _____

Inspection Fees: Residential Existing Inspection- \$400 Commercial Existing Inspection- \$450

*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 as we do not have a way to verify if the system met State Standards at the time of construction.

*An inspection will be conducted within TWO business days from the time payment was made. Results will be returned to the applicant within TWO business days from the day the inspection was conducted.

*By signing this application, I understand that any information reported on this form reflects the conditions on the day of inspection only.

FOR OFFICIAL USE ONLY

Payment Type: Cash Credit Card- Type: _____ Authorization #: _____ Check No.: _____

Payment Information: Fee Amt Paid: _____ Merchant Service Fee Paid: _____ Receipt No.: 008- _____

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

December 2023

To be completed by an Environmental Health Specialist

OSSF permit no. associated with the property: _____

Is the septic system approved for the current number of bedrooms and/or total living area square footage listed on PRAD? Yes No

Are there any downspouts that drain onto the septic system? Yes No

Is there a sprinkler system located over the septic system? Yes No

Were you able to probe the drainfield? Yes No

Upon probing of the drain field, did any effluent percolate out of the probe holes? N/A Yes No

Is there evidence of a failing septic system? Yes No

Are there any depressions more than 6 inches over any portion of the septic system? Yes No

Have any of the material facts changed from the original permit documentation that was submitted, inspected, and approved? Yes No

Are there any portions of the septic system that do not meet setback requirements as listed in TAC 285 Table X? (E.g.: Buildings, surface improvements such as driveways or patios) Yes No

Were you able to access the septic tank or any other tank within the system? Yes No

Is the septic system considered in compliance with the requirements listed in TAC Chapter 285 as originally inspected and approved? Yes No

Notice of Violation warranted based on findings from this inspection? Yes No

Notes: _____

Inspected by: _____ License No.: OS _____ Date: _____

Inspection Disclosure:

Information reported on this form, or the inspection report submitted to the applicant, only reflects the conditions on the day of inspection. The Environmental Health Department makes no guarantees that the septic system will remain trouble free or in satisfactory working condition.