

Phone: (806) 378-9472
Fax: (806) 378-3585
ehealthOSSF@amarillo.gov



Date Paid: _____
Permit No.: _____
Existing Permit No.: _____

Amarillo Area Public Health District

Application for Inspection of an Existing Septic System

For fee amount, see current FY fee schedule

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

Are additives used in the system? (not necessary or recommended) Yes No

Does a home business/cottage industry use the OSSF?
If yes, specific type: _____

Have there been any recent plumbing leaks in the home? Yes No

Have there ever been any sewage backups/clogging into the house plumbing? Yes No

Are there any old appliances or fixtures used inside the home? (Non-WSD) Yes No

Are any greywater systems not going to the septic? Yes No

Has anything been added to the home AFTER the OSSF was initially installed? Yes No

- If yes, please check all that apply: Water softener Garbage Disposal Dishwasher Irrigation
 Pool Hot Tub Other _____

Any other issues with the On-site Sewage Facility worth noting?

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Reason for Existing Inspection?

Change of Owner Other _____

How would you prefer the results returned to you?

Email: _____

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

Any Additional Recipients: Email: _____

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.: _____

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