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



OSSF Permit No.:	
Date Paid:	

Amarillo Area Public Health District

Application to install or alter an Aerobic On-Site Sewage Facility in Potter or Randall County
Permit Fees: See Current FY Fee Schedule

Property Owner's Name:				
Mailing Address: (City, State, Zip)			·	
Property Owner's Contact Info:	Email:	Phone: _		
Installer's Name:		Li	cense #	
Installer's Contact Info:	Email:	Phone:	Fax:	
Designer's Name:	Li	cense No	_	
Designers Contact Info: Emai	il:	Phone: _	-	
911 Address of Installation: (Ci	ty, State, Zip)			
Directions to Job Site:				
Water Source to Property:	Private Well	Public Well- Water Supplier:		
For wells drilled after December 18,	1996, and the well is pressure cer	nented, is a copy of the well log attache	ed?: Yes No	
	obtained from the Potter/Randall Property ID:	Appraisal District at 806-358-1601 or o	n their website: <u>www.prad.org</u> acres):	
Subdivision/Survey:		Unit: Block:	Lot:	
Section:	Гract:			
Permit Type: Resider	ntial Commerc	ial		
Permit Purpose: New Co	onstruction	ent If Replacement, Existing	permit No	
OSSF gallons per day:		-		
Soil Classification: 🔲 Ia 🔲 Ib	o 🗌 II 📗 III 📗 IV 💮 Squ	are footage of House/Building: _		
Water saving devices present	: Yes No Numb	per of bedrooms:		
>1,500 / 3 bedrooms	≥2,501 / 4 bedrooms	$\square \ge$ 3,501 / 5 bedrooms	≥4,501 / 6 bedrooms	
Tank Information:				
Aerobic		Tash Tank		
Manufacture/Model: Pump Manufacture/Hp:	/	Manufacture/Model: Secondary containment:	☐ Yes ☐ No	
Pipe specs -pre-tank(s)	size /ratin		size/rating	
Drainfield Information:		g Tipe speed post turn(s)		
Type: Leaching Chambers Evapo. Bed		- · -	Drip Irrigation	
Total disposal area installed:		Total No. emitters/panels:		
Excavation length:	ft.	Flow rate of each emitter:	gph	
Minimum application area:		Total No. sprinkler heads:		
Irrigation timer required:	Yes No Inlet sprin	kler pressure:	Max App. Rate: GPD/0.109	
FOR COMMERCIAL SYSTEMS: DOMESTIC SEWAGE ONLY; NO HYDROCARBONS OR OTHER WASTE PRODUCTS				
Type of facility (floor plan sho	wing dimensions required f	or review)		
Occupant load:		Occupant load factor(s) used	:	
Floor drains present: Ye	es No If yes, what is	the use of the floor drains:		

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 Recreational Vehicle Parks Soil Substitution Spray Application Mound Systems

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 and drain field to at least the minimum distances shown?	To: Tank (in feet)	To: Drainfield (in feet)	YES	NO	N/A
Public Wells	50	150			
Wells: Yours and Neighbors'	50	100			
Water Lines	10	10			
Property Lines	5	5			
Lakes, Streams, Ponds, and/or Creeks (include dry ones)	50	75			
Sharp slopes where seeps may occur	5	25			
Foundations, Buildings, and/or Surface Improvements, Swimming Pools	5	5			
Overhead and Underground Easements	1	1			
For any above question answered NO, a signed Variance Request must be included, and a Registered Sanitarian or Professional Engineer must design the system; include planning materials with this application					
Is the valid two-year maintenance contact attached?					
Is a copy of the "Maintenance Required" affidavit filed and recorded, and a copy attached?					
Will the maintenance provider follow the maintenance requirements listed in TA	AC §285.7?				
It is hereby stipulated and agreed by the undersigned, who is the applicant for s such permit, the said applicant will conform with all the provisions of Texas Chap that may be made from time to time by the Health Officer. It is further stipular representative is granted permission to inspect the premises and system of the of Texas Chapter 285 On-Site Sewage Facilities and that the information given he	ter 285 On- ated and ag undersigne	Site Sewage Fac greed that the F d insofar as it p	ilities an Iealth O ertains t	d with a fficer or o the pr	III orders his/her ovisions

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. 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 the applicant will provide all application materials to the Environmental Health Department including, but not limited to, Site and Soil Evaluation, scaled site plan, and a floor plan with dimensions. These application materials are subject to change at any time and without notice as determined by the Director of the Environmental Health Department.

It is further agreed that the associated fee will accompany this permit. **Prior to installation, which includes disturbing of the soil,**

authorization to construct by the Environmental Health Department is required and a passing inspection by the Environmental Health Department must be completed before backfilling. Site evaluation holes are allowed by the Site Evaluator prior to the Authorization to Construct (ATC). Once this application is approved, the permit to construct will be valid for a period of one year. There will be an additional \$150 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 the Environmental Health Department can furnish details of this process.

Are you familiar with all the provisions of Texas Chapter 285 On-Site Sewage Facilities?

Yes No

License No.:

Date:

Property Owner's signature

Owner's Agent signature (Owner's Agent may be an Installer, Professional Sanitarian, or Professional Engineer)

FOR OFFICAL USE ONLY				
Payment Information:				
Payment Type: Cash Credit Card- Type: Authorization No.: Check No.:				
Permit Amt Paid: Merchant Service Fee Amt Paid: Receipt No.:				
Application Review Information:				
Date Authorization to Construct Issued: (ATC expires one-calendar year from the date the ATC was issued)				
Authorization to Construct Issued By:				
Inspection Information:				
Date Operational Permit Issued:				
Designated Representative Signature: License: OS				

Date: _____

^{*}The property owner's signature must be obtained to grant permission for the agent to obtain the necessary permits for the installation of an On-Site Sewage Facility*

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Amarillo Area Public Health District

Application for a Site and Soil Evaluation in Potter or Randall County

ALL INFORMATION MUST BE COMPLETE OR THE SITE EVALUATION MAY BE REJECTED

Requirements:

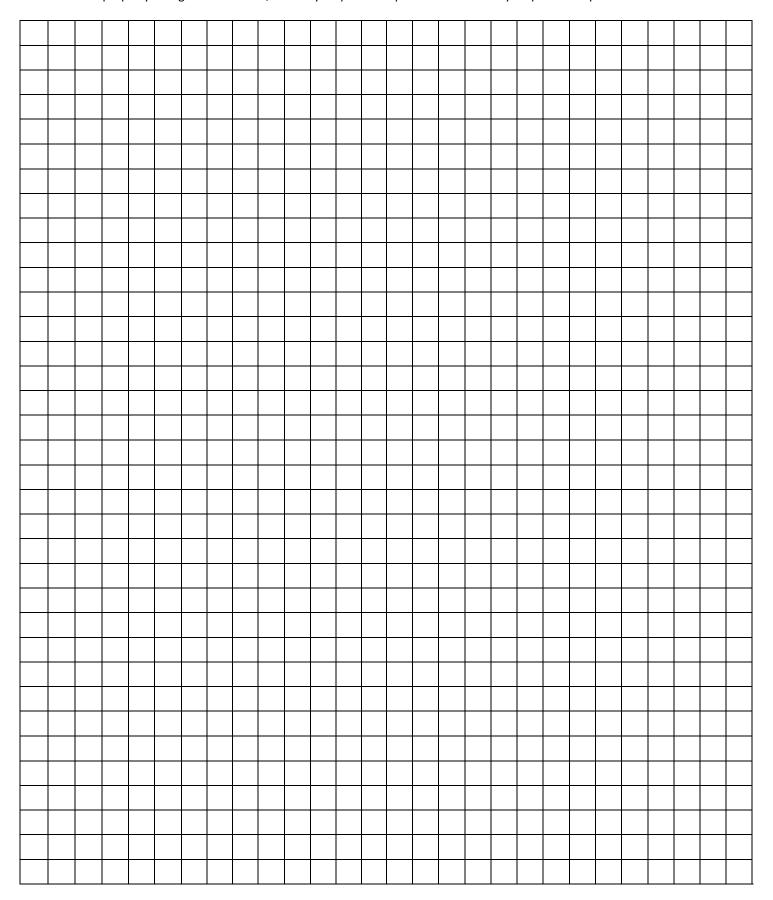
- 1. At least two soil excavations must be performed on the site, at opposite ends of the disposal area, by a licensed Site Evaluator or Professional Engineer.
- 2. Locations of the evaluation holes must be shown on the site drawing.
- 3. For subsurface disposal, soil evaluations must be dug to a depth of at least two feet below the bottom of the excavation.
- 4. For surface disposal, the surface horizon must be evaluated to at least two feet below the bottom of the surface (design criteria must be included).

<u> </u>		<u> </u>			
Site Evaluator C	Contract Information	on:			
Site Evaluator Nar	me:		License No:		☐ PE ☐ SE
Phone No.:		Email Address:			
Property Inform	nation:				
911 Address of Pr	oposed Installation:	(City, State, Zip)			
Number of struct	ures on the property	: Estimated total GP	D produced on prope	erty (5,000 or l	ess):
•	aluation as mention	thod shall be considered suital ed in Texas Administrative Cod			•
Depth (inches)	Soil Class	Soil Texture	Soil Drainage Mottling water table presence	Restrictive Horizon	Munsell Color
Soil Boring Numb	er #2:			<u> </u>	
Depth (inches)	Soil Class Ia, Ib, II, III, or IV	Soil Texture	Soil Drainage Mottling water table presence	Restrictive Horizon	Munsell Color
Gravel present in	class II or class III so	il: Yes No % by v	olume and size:	%/	
If yes, a gravel and	alysis shall be done a	and must contain less than 30%	် gravel and gravel gr	eater than 2.0	mm
-	· · · · · · · · · · · · · · · · · · ·	oodway: Yes No If yes, a re prepared by a Professional S			hall be included,

SCALED SITE PLAN

A scaled site plan showing the location of the OSSF and all pertinent features such as, but not limited to, Floodplain and Floodway information, natural, constructed, or proposed drainage ways (streams, ponds, lakes, rivers), all known private and public water wells within a 150' radius, potable and non-potable water lines, property slope, swimming pools, easements, surface improvements, driveways, site evaluation holes, scaled measurement used and a North-arrow for spatial reference.

If the property is larger than 5-acres, a vicinity map shall be provided. The vicinity map is not required to be to-scale.



I certify that the findings of this report are based on my field observations at the site location and are accurate to the best of my ability. I also understand if the soil classification is disputed, it can be requested to submit a soil analysis by a laboratory to support the findings.

Signature of Site Evaluator/ License No.

Mail Application and Permit Fee To:

Environmental Health Department PO Box 1971 Amarillo, TX 79105-1971 Date

Physical Address:

Environmental Health Department 808 S. Buchanan St Amarillo, TX 79101