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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: \_\_\_\_\_

#### Please see current fiscal year fee schedule for fee amounts

\*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 2024

**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.