



**APPLICATION FOR ON-SITE SEWAGE FACILITY FOR NEW CONSTRUCTION**

1. Property Owner's Name: \_\_\_\_\_
2. Current Mailing Address: \_\_\_\_\_
3. Daytime Telephone No.: \_\_\_\_\_
4. Site Address: \_\_\_\_\_
5. Legal Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Survey: \_\_\_\_\_ Abstract No.: \_\_\_\_\_
6. Source of Water: Private Well [ ☐ ] Public Water Supply [ ☐ ] (name) \_\_\_\_\_
7. Single Family Residence: No. of bedrooms: \_\_\_\_\_ Living Area SQ: \_\_\_\_\_
8. Commercial/Institution (including multi-family residences) Type: \_\_\_\_\_
9. Site Evaluator: \_\_\_\_\_ License No: \_\_\_\_\_  
Phone No: \_\_\_\_\_
10. Designer: \_\_\_\_\_ License No. (PE or RS): \_\_\_\_\_  
Phone No: \_\_\_\_\_
11. Installer: \_\_\_\_\_ License No: \_\_\_\_\_  
Phone No: \_\_\_\_\_
12. \_\_\_\_\_  
(Signature of Owner) (Date)

**ON-SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR PERMIT**

**Do not begin construction prior to application approval.  
Unauthorized construction can result in civil and/or administrative penalties**

Owners Name: \_\_\_\_\_ County: \_\_\_\_\_

Professional design required?: ☐ Yes ☐ No If yes, professional design attached: ☐ Yes ☐ No

**I. Sewer (house drain):**

Type and size of pipe: \_\_\_\_\_ Slope of sewer pipe to tank: \_\_\_\_\_

**II. Daily Wastewater Usage Rate: Q \_\_\_\_\_ (gallons/day)**

Water saving devices: ☐ Yes ☐ No

**III. Treatment Unit: ☐ Septic Tank ☐ Aerobic Unit**

A. Tank Dimensions: \_\_\_\_\_ Liquid depth (bottom of tank to outlet): \_\_\_\_\_

Size required: \_\_\_\_\_ Size proposed: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Material/Model #: \_\_\_\_\_

Pretreatment tank ☐ Yes size \_\_\_\_\_ (gal) ☐ No ☐ N/A

B. Other: \_\_\_\_\_  
(Please attach description)

**IV. Disposal System:**

Type: \_\_\_\_\_

Area required: \_\_\_\_\_ Area Proposed: \_\_\_\_\_

**V. Additional Information:**

**Note:** this information must be attached for review to be completed.

A. Soil/Site Evaluation

B. Planning Materials

The attached checklist details those items that must be addressed under each of these categories.

\_\_\_\_\_  
Designers Signature

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Date

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

Application Number: \_\_\_\_\_

Applicant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Property Location:

Lot \_\_\_\_ Block \_\_\_\_ Subdivision \_\_\_\_\_

Street/Road Address \_\_\_\_\_

County \_\_\_\_\_ Unincorporated Area? Y or N

Additional Information \_\_\_\_\_

\_\_\_\_\_

Site Evaluator Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Installer Information:

Name: \_\_\_\_\_

Registration No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

## SCHEMATIC OF LOT OR TRACT

Show:

- Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines and other structures where known.
- Indicate slope or proved contour lines from the structure to the farthest location of the proposed soil absorption or irrigation area.
- Location of soil borings or dug pits (show location with respect to a known reference point).
- Location of natural, constructed or proposed drainage ways, (streams, ponds, lakes, rives, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks. Note presence of 100 year flood zone.
- Location of existing or proposed wells on site and existing wells on adjacent properties.
- Lot size: \_\_\_\_\_ acres

Site Evaluator:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Cert. No. \_\_\_\_\_

## OSSF SOIL EVALUATION FORM

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

Owner's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Name of Site Evaluator: \_\_\_\_\_

Proposed Excavation Depth: \_\_\_\_\_

At least two soil evaluations must be performed on the site, at opposite ends of the disposal area. Please show the results of each soil evaluation on a separate table. Locations of soil evaluations must be shown on the site drawing.

For subsurface disposal, soil evaluations must be performed to a depth of at least 2 ft. below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

Soil Boring Number: \_\_\_\_\_ (if applicable) Drainage/Mottles Restrictive

Depth	Textural Class	Structure	Water Table	Horizon	Comments
12					
24					
36					
48					
60					

Soil Boring Number: \_\_\_\_\_

Depth	Textural Class	Structure	Water Table	Horizon	Comments
12					
24					
36					
48					
60					

I certify that the above statements are true and are based on my own field observations.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

It should be understood that the test data and other information given in this report does not cover nor infer approval for the installation of the individual septic tanks system(s). The design, construction and installation is based upon the specific conditions affecting each lot or tract and must be subsequently approved by the City Septic Inspector.

**AFFIDAVIT TO THE PUBLIC**

**COUNTY OF JOHNSON §**

**STATE OF TEXAS §**

Before me, the undersigned authority, on this day personally appeared:

\_\_\_\_\_  
(Name(s) of Homeowner's)

who, after being duly sworn, upon oath states that he/she is the owner of record of that certain tract or parcel of land lying and being situated in Johnson County, Texas and being more particularly described as follows: (insert legal description or property)

WITNESS MY/OUR HAND(S) ON THIS \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Signature of Homeowner

SWORN TO AND SUBSCRIBED BEFORE ME on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Notary's Printed Name

\_\_\_\_\_  
My Commission Expires