BROWN COUNTY OSSF REGISTRATION FORM

200 S. Broadway, #322 Brownwood, Texas 76801 325-643-1985

REGISTRATION NUMBER_____ FEE FOR REGISTRATION $25.00

1. NAME OF OWNER_____

   MAILING ADDRESS_____

   EMAIL ADDRESS_____

   PHONE NUMBER_____

2. 911(PHYSICAL ADDRESS OF PROPERTY_____

3. TYPE OF STRUCTURE: HOUSE( ) MOBILE HOME( ) OTHER( )

4. NUMBER BEDROOMS____ NUMBER BATHROOMS____ LIVING AREA SQ. FT._____

5. SOURCE OF WATER: PUBLIC WATER SUPPLY( ) PRIVATE WELL( ) OTHER_____

6. SIZE OF PROPERTY_____

7. NAME OF INSTALLER_____

8. APPROXIMATE DATE TO BE INSTALLED_____

I, the undersigned owner of the above indicated property, certify that the above statements are true and correct to the best of my knowledge. I further certify that the land on which this system is to be located is *10 acres or more* and that I am familiar with the necessary requirements for the installation of on-site sewage facilities as promulgated by the State of Texas or have contracted with a State of Texas licensed installer to install this septic system.

_____ _____

Signature of owner Date of registration

I, the undersigned representative of Brown County, Texas acknowledge receipt of the above registration for the construction of an on-site sewage facility. I have examined the registration and all required attachments. I believe that the granting of this registration is appropriate. Accordingly, the above referenced owner is authorized to proceed with the construction of this septic system. I, personally or as a representative for Brown County, am making no representation as to the appropriateness of the system, its design or the location of its installation.

_____

Brown County Designated Representative Date

ON-SITE SEWAGE FACILITY TECHNICAL INFORMATION

*** DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND OR ADMINISTRATIVE PENAL FEES.

OWNERS NAME:_____ APPLICATION#_____
PROFESSIONAL DESIGN REEQUIRED ( ) YES ( ) NO IF YES, DESIGN ATTACHED ( ) YES ( ) NO

1. SEWER (HOUSE DRAIN)
   TYPE AND SIZE OF PIPE_____ SLOPE OF SEWER PIPE TO TANK:_____

2. DAILY WASTEWATER USAGE RATE: Q=_____ (GALLONS PER DAY)

3. TREATMENT UNIT
   A. ( ) SEPTIC TANK:
      SIZE REQUIRED:_____ SIZE PROPOSED:_____

   B. ( ) AEROBIC:
      MANUFACTURER:_____ MODEL:_____

      SIZE REQUIRED:_____ SIZE PROPOSED:_____
      PRETREATMENT TANK ( ) YES ( ) NO

   C. ( ) OTHER:_____

4. DISPOSAL SYSTEM:
   TYPE:_____

   AREA REQUIRED_____ AREA PROPOSED _____

5. ADDITIONAL INFORMATION:
   NOTE: THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETE

   A. SITE EVALUATION
   B. PLANNING MATERIALS

THE ATTACHED CHECKLIST DETAILS MOST ITEMS THAT MUST BE ADDRESSED UNDER EACH OF THESE CATEGORIES.

BROWN COUNTY
PERMITTING DEPARTMENT
200 S BROADWAY #322
BROWNWOOD, TX 76801

ON-SITE SEWAGE FACILITY
PLOT PLAN AND INSTALLER CHECKLIST

DATE:_____ APPLICATION#_____

OWNER:_____ SITE LOCATION:_____

THIS FORM SHOULD BE COMPLETED BY A LICENSED INSTALLER

SITE INFORMATION:

	YES/NO
1. IS A DRAINFIELD SYSTEM PROPOSED?	_____
2. IS SLOPE OF LOT LESS THAN 30% ?	_____
3. DOES A WATER WELL EXIST ON PROPERTY ?	_____
4. IS PROPERTY SERVED BY A PUBLIC WATER SUPPLY?	_____
5. ARE ADJACENT DRAINFIELDS FUNCTIONING PROPERLY?	_____
6. IS DRAINFIELD DESIGNED OUTSIDE PONDING AREA?	_____
7. DO ALL SETBACK DISTANCES COMPLY WITH CURRENT STATE LAW?	_____
8. LOT SIZE IN SQUARE FEET OR ACRES: SQ. FT._____ ACRES_____	

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE LICENSE NUMBER DATE

A PLOT PLAN MUST BE RETURNED TO BROWN COUNTY PERMITTING DEPARTMENT WITH THIS FORM FOR REVIEW AND APPROVAL BEFORE A PERMIT TO CONSTRUCT AN ON-SITE SEWAGE FACILITY CAN BE ISSUED TO THE PROPERTY OWNER. IT IS A VIOLATION OF STATE LAW TO BEGIN CONSTRUCTION BEFORE OBTAINING A PERMIT TO CONSTRUCT.

A PLOT PLAN OF THE PROPERTY LOCATION AND THE PROPOSED ON-SITE SEWAGE FACILITY SHOULD BE SUBMITTED WITH THIS APPLICATION.

BROWN COUNTY
ENVIRONMENTAL DEPPARTMENT
BROWN COUNTY COURTHOUSE
200 SOUTH BROADWAY ROOM #322
BROWNWOOD, TX 76801
(325)643-1985

APPROVAL FOR ON-SITE SEWAGE FACILITY PLANNING MATERIALS

DATE:_____ APPLICATION #_____

PROPERTY OWNERS NAME:_____ PHONE#_____

MAILING ADDRESS:_____

PROPERTY LOCATION:_____

DESIGNER:_____ LICENSE #_____ PHONE#_____

SYSTEM DESIGN APPROVED:_____

APPROVAL DATE:_____

SIGNATURE OF DESIGNATER REPRESENTATIVE:_____ DATE:_____

SIGNATURE OF INSTALLER:_____ DATE:_____

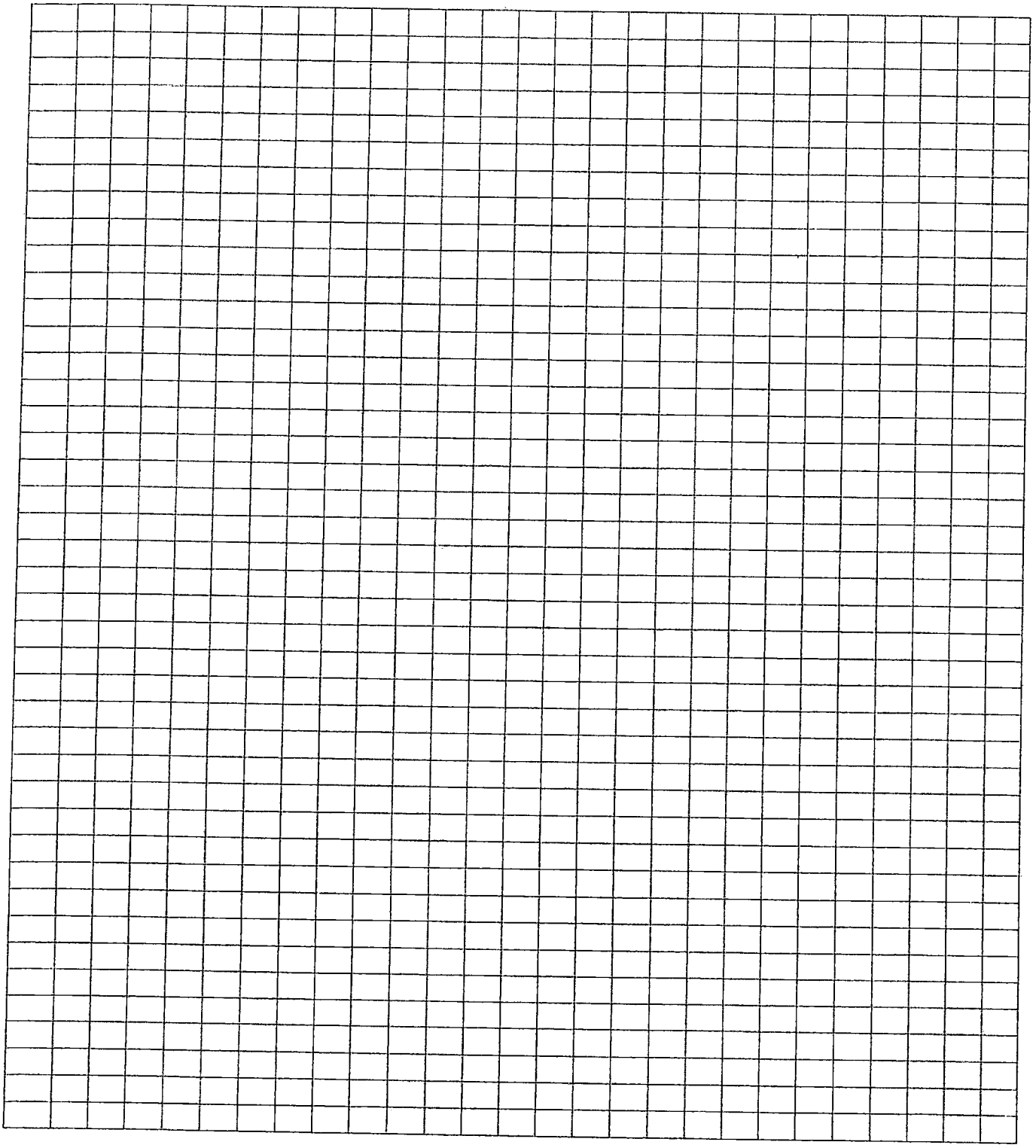
SIGNATURE OF OWNER:_____ DATE:_____

PROPERTY OWNER _____ **PERMIT NUMBER** _____

Site Drawing must be to scale & include the following: North on diagram. Water Well Locations. Property Lines. All Cleanouts. Proposed & Existing Structures. Existing Water & Service Lines. Fences. Easements.

[ ] ¼" (ONE SQUARE) EQUALS **5** FEET

[ ] ¼" (ONE SQUARE) EQUALS **10** FEET



OSSF Soil & Site Evaluation

Page 1 (Soil & Site Evaluation) Date Performed: ____/____/____

Property Owner: _____

Site Location: _____ Proposed Excavation Depth: _____

REQUIREMENTS:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil borings or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed disposal field excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on this form. Indicate depths where features appear.

Soil Boring Number:					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

Soil Boring Number:					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

FEATURES OF SITE AREA

Presence of 100 year flood zone ☐ Yes ☐ No

Presence of upper water shed ☐ Yes ☐ No

Presence of adjacent ponds, streams, water impoundments ☐ Yes ☐ No

Existing or proposed water well in nearby area (within 150 feet) ☐ Yes ☐ No

Ground Slope _____ %

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

_____ _____ _____

(Signature of person performing evaluation) (Date) Registration Number and Type

Page 2 (Soil & Site Evaluation):

Date Performed: ____/____/_____

Site Location: _____ ☐ Subsurface Disposal ☐ Surface Disposal

Schematic of Lot or Tract

Show:

Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and any other structures where known.
Location of existing or proposed water wells within 150 feet of the property.
Indicate slope or provide contour lines from the structure to the farthest location of the proposed disposal field.
Location of soil boring or excavation pits (show location with respect to a known reference point).
Location of natural, constructed, or proposed drainage ways (ditches, streams, ponds, lakes, rivers, etc.), water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size: _____ or Acreage: _____

SITE DRAWING