

**Permit Amount:**  Aerobic \$ 450.00  Anaerobic \$ 350.00  
**Commercial:**  \$ 550.00 **Re-Inspection:**  \$ 100.00

**PERMIT #** \_\_\_\_\_

**CORYELL COUNTY**

**APPLICATION TO CONSTRUCT OR MODIFY OSSF**

New Installation  Repair  Alteration

**Type of Disposal System:**

<input type="checkbox"/> Absorptive Mounds	<input type="checkbox"/> Leaching Chambers	<input type="checkbox"/> Trenches
<input type="checkbox"/> Drip Irrigation	<input type="checkbox"/> Low Pressure Dosing	<input type="checkbox"/> Standard Bed
<input type="checkbox"/> Evapotranspiration Beds	<input type="checkbox"/> PTI Systems	<input type="checkbox"/> Soil Substitution
<input type="checkbox"/> Gravel-less Pipe	<input type="checkbox"/> Pumped Effluent	<input type="checkbox"/> Surface Applications
		<input type="checkbox"/> Other: Specify _____

**Water Saving Devices:**  Yes  No; **System Capacity: GPD** \_\_\_\_\_; **SQ Footage of Drainfield:** \_\_\_\_\_

**Water Source:**  Public Water/Supplier \_\_\_\_\_;  Public Well;  Private Well/Distance \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **TX** \_\_\_\_\_

**9-1-1 Site Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **TX** \_\_\_\_\_

**Inside City Limits?**  Yes  No

**Subdivision Name:** \_\_\_\_\_ **Legal Description:** Block # \_\_\_\_\_ Lot # \_\_\_\_\_ Section # \_\_\_\_\_

**Acres:** \_\_\_\_\_ **Name of Survey:** \_\_\_\_\_ **Abst #** \_\_\_\_\_ **Vol.#** \_\_\_\_\_ **Pg.#** \_\_\_\_\_

**Type of Facility:**  **Residential:** **Number of Bedrooms:** \_\_\_\_\_ **Square Feet of Living Area:** \_\_\_\_\_

Built on Site  Pre-Built – Modular  Mobile Home

**Commercial/Non-Residential** (includes multi-family residence) **Type of Facility:** \_\_\_\_\_

Number of Employees/ Occupants/ Units: \_\_\_\_\_ Days occupied per week: \_\_\_\_\_

**Tank Manufacturer:** \_\_\_\_\_; **Size tank required:** \_\_\_\_\_ gal; **Size tank installed:** \_\_\_\_\_ gal

*Written verification by a Professional Engineer that the manufacturer is in compliance with ASTM Standard C-1227 must be provided if not on file with Coryell County. Attached:*  Yes  No

**Site Evaluator:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Designer:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Installer:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

*I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Designated Representative of Coryell County, Texas, to enter upon the above property for the purpose of inspecting the site and the on-site sewage facility (OSSF). Construction of the on-site sewage system must not begin until this application is approved and a PERMIT TO OPERATE is issued.*

\_\_\_\_\_  
**Signature of Owner or Representative**

\_\_\_\_\_  
**Date**

**OSSF SOIL EVALUATION**

**CORYELL COUNTY**

**Property Owner:** \_\_\_\_\_ **Site Address:** \_\_\_\_\_

**REQUIREMENTS:** At least two (2) soil excavations must be performed on the site at opposite ends of the proposed disposal area. Locations of soil boring 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 (2) feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

<b>SOIL BORING # 1</b>					
Depth (feet)	Texture Class	Structure (if applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0	_____				
1	_____				
2	_____				
3	_____				
4	_____				
5	_____				

<b>SOIL BORING # 2</b>					
Depth (feet)	Texture Class	Structure (if applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0	_____				
1	_____				
2	_____				
3	_____				
4	_____				
5	_____				

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

\_\_\_\_\_  
Signature of Site Evaluator

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date

**CORYELL COUNTY**

**Applicant Information if not Homeowner  
(includes builders):**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Installer Information:**

**Name:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Complete the Following:**

**Incorporated Area?**  Yes  No  
**Presence of upper water shed?**  Yes  No  
**Existing/proposed water well in nearby area?**  Yes  No  
**Organized sewage service available to lot/tract?**  Yes  No  
**Presence of adjacent ponds, streams, water impoundments?**  Yes  No

**Site Evaluator Information: (if not installer)**

**Name:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Professional Design required?**  Yes  No; **If yes, professional design attached:**  Yes  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. Location of existing or proposed **water wells** within 150 feet of property. **Indicate slope** or provide 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, rivers, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks.

**SITE DRAWING**

\_\_\_\_\_  
**Signature of Site Evaluator**

\_\_\_\_\_  
**License #**

\_\_\_\_\_  
**Date**

**AFFIDAVIT TO THE PUBLIC**

PERMIT # \_\_\_\_\_

COUNTY OF CORYELL  
STATE OF TEXAS

OWNER NAME: \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, who, after being by me duly sworn, upon oath states that he/she is the  representative of, or  owner of record of that certain tract of parcel of land lying and being situated in Coryell County, Texas, and being more particularly described as follows:

Survey Name \_\_\_\_\_ Abs. # \_\_\_\_\_ Vol. # \_\_\_\_\_ Pg # \_\_\_\_\_ Acres \_\_\_\_\_  
and/or

Name of Subdivision: \_\_\_\_\_ Block \_\_\_\_\_ Lot/Tract \_\_\_\_\_ Section/Phase \_\_\_\_\_

9-1-1 Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

\*\*\*\*\*

EVAPOTRANSPIRATIVE (Gallons per day) \_\_\_\_\_

The undersigned further states that he/she, upon any sale or transfer of the above-described property, informs any buyer or transferee that an evapotranspirative drainfield is utilized on the property. State law requires this due to the systems wastewater disposal limits.

AEROBIC SYSTEM (Gallons per day) \_\_\_\_\_

The undersigned further states that he/she will, upon any sale or transfer of the above-described property, request a transfer of the permit to operate such system to the buyer or transferee. Any buyer or transferee is hereby notified that a maintenance contract with an approved maintenance company will be required for use of the system.

**Failure to abide by the above stated conditions constitutes a violation of the Texas Commission on Environmental Quality Rules and of the Coryell County Order for the On-Site Sewage Facilities which will result in the filing of a complaint with the Justice of the Peace Court having jurisdiction in the area where the offense occurs.**

WITNESS MY/OUR HAND(S) on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Representative or Property Owner Signature or Licensed Installer

\* \* \* \* \* NOTARY PUBLIC \* \* \* \* \*

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

by \_\_\_\_\_ for \_\_\_\_\_  
(Representative) (Property Owner)

seal



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

Leave space below this line BLANK for County Clerk's seal