GALVESTON COUNTY HEALTH DISTRICT
ON-SITE SEWAGE FACILITY
APPLICATION AND INSPECTION REPORT

___NEW INSTALLATION
___RENOVATION

1. PROPERTY OWNER’S NAME: ________________________________________________________________
   (LAST)                            (FIRST)                                      (MIDDLE)

2. PERMANENT MAILING ADDRESS: ____________________________________________________________
   (STREET/P.O. BOX)               (CITY/STATE)                  (ZIP)

3. TELEPHONE NO. DURING DAY: (      )_________

4. SITE ADDRESS: __________________________________________________________________________
   (STREET)                                         (CITY/STATE)                                           (ZIP)

5. PROPERTY DESCRIPTION:   Lot_________ Block_________ Sec.__________Subdivision: ______________
   Lot Size:_________ PROPERTY SURVEY OR SIMILAR DOCUMENT SHOULD BE ATTACHED.

6. SOURCE OF WATER: _____Private Well______Public Water Supply________________
   (NAME OF SUPPLIER)

7. SINGLE FAMILY RESIDENCE: No. Of Bedrooms___________Living Area (sq. ft.)________

8. ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (gpd): ___________________________
   WATER-SAVERING DEVICES PROVIDED: (CIRCLE ONE) YES/NO

9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: ______________________
   NO. OF EMPLOYEES/OCCUPANTS/UNITS:__________________DAYS OCCUPIED PER WEEK:______

10. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET?  ____YES    ___NO

11. Professional design required:   ___YES   ____NO  If yes, professional design attached: ___Yes ___No
   DESIGNER: _____________________________________REGISTRATION NO.___________________
   PHONE NO. (    )__________________________________              (PE or   RS)

12. INSTALLER: ____________________________________REGISTRATION NO.___________________
   PHONE NO.(    )__________________________________

I.   SEWER (House drain):
   TYPE AND SIZE OF PIPE: _____________________SLOPE OF SEWER PIPE TO TANK:____

II. TREATMENT TANKS:
   TANK #1  MAT’L________NO. OF COMPARTMENTS____TYPE____SIZE____gals
       #2
       #3  ____________________  _______  _______  _______
       #4  ____________________  _______  _______  _______

III. SITE EVALUATION
    NOTE: Information worksheet must be attached for review to be completed.
    Soil Class/Texture_______________________________                  Load Rate________________________
   Performed By__________________ Registration NO. ____________ Phone No.(    )__________________

IV. DISPOSAL AREA
    TYPE:________________________________________MINIMUM AREA REQUIRED
    EXCAVATION WIDTH________________________DISTANCE BETWEEN EXCAVATIONS________
    TYPE/SIZE OF MEDIA________________________TYPE/DIAMETER OF PIPE____________
    TYPE OF BARRIER___________________________EXCAVATION DEPTH________________

____________________________________________________________
____________________________________________________________
V. PLOT PLAN

NOTE: This information must be attached for review to be completed.

1. Submit two (2) copies of the Galveston County Health District OSSF Application & Inspection Report. The plot on the above mentioned form must include:
   a. Size and shape of lot or property.
   b. All structures on lot such as buildings, barns, pens, etc.
   c. Size and location of treatment tank(s).
   d. Size and location of wastewater disposal area.
   e. Distance of treatment tank(s) from house, property line, water well and wastewater disposal area.
   f. Distance of wastewater disposal area from house, property line, water well and treatment tank(s).
   g. Distance and direction to closest neighboring water well from treatment tank(s) and wastewater disposal area.
   h. Distance and direction to closer open water such as ponds, lakes, streams, etc.

This notice must be read and signed before these construction plans will be approved. AFTER APPROVAL A BUILDING PERMIT MUST BE SECURED FROM THE APPROPRIATE COUNTY OR CITY BUILDING INSPECTION DEPARTMENT. The final inspection is to assure the system has been constructed according to the submitted plan and is consistent with good public health engineering practices. The acceptance of this plan and approval of the final inspection, however, should not be construed to mean that the Galveston County Health District recommends, approves, certifies or guarantees On-Site Sewage Facility Systems or their satisfactory performance. In the Galveston County Facility Systems may not function satisfactorily at all times. This plan meets all State and local rules and laws including distance requirements.

_______________________________________                _____________________           _________
DESIGNERS SIGNATURE                                                REGISTRATION NO.                       DATE

Property Owner

HEALTH DISTRICT USE ONLY

Authorization to Construct Approved/Disapproved by__________________________DR#___________Date_________
Inspection Requested by__________________________Date_________
Date inspection requested for__________________________Time__________________am/pm
Date inspection made__________________________Time__________________am/pm
Construction Approved/Disapproved by__________________________DR#___________Date_________
Disapproval notice given to__________________________Date_________

REMARKS:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

EC-02/REV.16
PLEASE DRAW PLOT PLAN BELOW
SCALE_________________

PLEASE SKETCH DIRECTIONS TO PROPOSED CONSTRUCTION SITE IN SPACE BELOW.