

Phone: (806)-378-9472  
Fax: (806)-378-3585  
ehealthOSSF@amarillo.gov



OSSF Permit No.: \_\_\_\_-\_\_\_\_

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

## Amarillo Area Public Health District

### Application to install or alter an On-Site Sewage Facility in Potter or Randall County

Residential Permit Fee: See current FY fee schedule

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

Mailing Address: (City, State, Zip) \_\_\_\_\_

Property Owner's Contact Info: Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Installer's Name: \_\_\_\_\_ License # \_\_\_\_\_

Installer's Address: (City, State, Zip) \_\_\_\_\_

Installer's Contact Info: Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

911 Address of Installation: (City, State, Zip) \_\_\_\_\_

Directions to Job Site: \_\_\_\_\_

Water Source to Property:  Private Well  Public Well- Water Supplier: \_\_\_\_\_

For wells drilled after December 18, 1996, and the well is pressure cemented, is a copy of the well log attached? :  Yes  No

*The information below may be obtained from the Potter/Randall Appraisal District at 806-358-1601 or on their website: [www.prad.org](http://www.prad.org)*

Potter  Randall Property ID: \_\_\_\_\_ Lot Size (In acres): \_\_\_\_\_

Subdivision/Survey: \_\_\_\_\_ Unit: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Section: \_\_\_\_\_ Tract: \_\_\_\_\_

Permit Type:  Residential  Commercial  Replacement: Existing Permit No.: \_\_\_\_\_

Repair:  Tank(s): Existing Permit No.: \_\_\_\_\_  Drainfield: Existing Permit No.: \_\_\_\_\_

OSSF gallons per day: \_\_\_\_\_

Soil Classification:  Ia  Ib  II  III  IV Square feet of House/Building: \_\_\_\_\_

Water saving devices present: Yes  No  Number of bedrooms: \_\_\_\_\_

1500 to 2500 = 3 bedrooms  2501 to 3500 = 4 bedrooms  3501 to 4500 = 5 bedrooms  4501 to 5500 = 6 bedrooms

#### **Tank Information:**

Tank Material:  Polyethylene  Concrete  Fiberglass  Other: \_\_\_\_\_

Tank capacity: \_\_\_\_\_ Gallons Tank in a series of two or more: Yes  No

Tank has two chambers: Yes  No  Secondary containment device: Yes  No

Pipe diameter/ rating used- Before tank(s): \_\_\_\_\_ / \_\_\_\_\_ After tank(s): \_\_\_\_\_ / \_\_\_\_\_

#### **Drainfield Information:**

Type of Drainfield:  Leaching Chambers  Absorptive Mounds  EZFLOW  Pipe & Gravel  Other: \_\_\_\_\_

Leaching Chamber Type:  Infiltrator ARC 36  Infiltrator Q4HC  Other: \_\_\_\_\_

No. of panels installed: \_\_\_\_\_ Absorption Area installed: \_\_\_\_\_

Excavation width: \_\_\_\_\_ ft Excavation Length: \_\_\_\_\_ ft Excavation Depth: \_\_\_\_\_ ft

Type of barrier (if applicable): \_\_\_\_\_ Media type in drainfield (if applicable): \_\_\_\_\_

#### **FOR COMMERCIAL SYSTEMS: DOMESTIC SEWAGE ONLY; no hydrocarbons or other waste products:**

Type of Facility (floor plan showing dimensions required for review): \_\_\_\_\_

Occupant Load: \_\_\_\_\_ Occupant Load factor(s) used: \_\_\_\_\_

Floor drains present: Yes  No  If yes, what is the use of floor drains: \_\_\_\_\_

A Professional Engineer or Registered Sanitarian must design the following On-Site Sewage Facilities and submit appropriate planning materials with this application:

*Aerobic Treatment      Manufactured Housing Community      Pressure Dosing      Sewage Recycling      Secondary Treatment*  
*Multi-Unit Residential      Mound Systems      Recreational Vehicle Parks      Soil Substitution      Spray Application*

**Designer's Name:** \_\_\_\_\_ **License No.:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<b>You must check the proper box with a yes, no, or not applicable</b>					
<b>From all the site characteristics listed below:</b> Can you install the septic tank and drain field to at least the minimum distances shown?	To: Tank (in feet)	To: Drainfield (in feet)	YES	NO	N/A
Public Wells	50	150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wells: Yours and Neighbors'	50	100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Lines	10	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Lines	5	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lakes, Streams, Ponds, and/or Creeks (include dry ones).	50	75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharp slopes where seeps may occur.	5	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundations, Buildings, and/or Surface Improvements.	5	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead and Underground Easements	1	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pools	5	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For any question answered **NO**, a signed Variance Request must be included, and a Registered Sanitarian or Professional Engineer must design the system; include planning materials with this application**

It is hereby stipulated and agreed by the undersigned, who is the applicant for such permit, that in consideration of the issuance of such permit, the said applicant will conform with all the provisions of Texas Chapter 285 On-Site Sewage Facilities and with all orders that may be made from time to time by the Health Officer. It is further stipulated and agreed that the Health Officer or his/her representative is granted permission to inspect the premises and system of the undersigned insofar as it pertains to the provisions of Texas Chapter 285 On-Site Sewage Facilities and that the information given herein is true and correct. It is further agreed that the applicant will provide all application materials to the Environmental Health Department including, but not limited to, Site and Soil Evaluation, scaled site plan, and a floor plan with dimensions. These application materials are subject to change at any time and without notice as determined by the Director of the Environmental Health Department.

It is further agreed that the associated fee will accompany this permit. **Prior to installation, which includes disturbing of the soil, authorization to construct by the Environmental Health Department is required and a passing inspection by the Environmental Health Department must be completed before backfilling. Site evaluation holes are allowed by the Site Evaluator prior to the Authorization to Construct (ATC).** Once this application is approved, the permit to construct will be valid for a period of one year. There will be an additional **\$150 trip fee for each inspection if more than one inspection is needed.** Any applicant can appeal decisions and inspections relating to the installation of this septic system by requesting an Administrative Hearing. The Director of the Environmental Health Department can furnish details of this process.

Are you familiar with all the provisions of Texas Chapter 285 On-Site Sewage Facilities? Yes  No

If using graveless pipe or leaching chambers, are you familiar with the installation requirements? Yes  No

\_\_\_\_\_ License No.: \_\_\_\_\_ Date: \_\_\_\_\_

*Owner's Agent signature (Owner's Agent may be an Installer, Professional Sanitarian, or Professional Engineer)*

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

*Property Owner's signature*

*\*The property owner's signature must be obtained to grant permission for the agent to obtain the necessary permits for the installation of an On-Site Sewage Facility\**

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**Payment Information:**

Payment Type:  Cash  Credit Card- Type: \_\_\_\_\_ Authorization No.: \_\_\_\_\_  Check No.: \_\_\_\_\_

Permit Amt Paid: \_\_\_\_\_ Merchant Service Fee Amt Paid: \_\_\_\_\_ Receipt No.: 008-\_\_\_\_\_

**Application Review Information:**

Date Authorization to Construct Issued: \_\_\_\_\_ (ATC expires one-calendar year from the date the ATC was issued)

Authorization to Construct Issued By: \_\_\_\_\_

**Inspection Information:**

Date Operational Permit Issued: \_\_\_\_\_

Designated Representative Signature: \_\_\_\_\_ License: OS \_\_\_\_\_

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## Amarillo Area Public Health District

Application for a Site and Soil Evaluation in Potter or Randall County

**ALL INFORMATION MUST BE COMPLETE OR THE SITE EVALUATION MAY BE REJECTED**

**Requirements:**

1. At least two soil excavations must be performed on the site, at opposite ends of the disposal area, by a licensed Site Evaluator or Professional Engineer.
2. Locations of the evaluation holes must be shown on the site drawing.
3. For subsurface disposal, soil evaluations must be dug to a depth of at least two feet below the bottom of the excavation.
4. For surface disposal, the surface horizon must be evaluated to at least two feet below the bottom of the surface (design criteria must be included).

**Site Evaluator Contract Information:**

Site Evaluator Name: \_\_\_\_\_ License No: \_\_\_\_\_  PE  COSE

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Property Information:**

911 Address of Proposed Installation: (City, State, Zip) \_\_\_\_\_

Number of structures on the property: \_\_\_\_\_ Estimated total GPD produced on property (5,000 or less): \_\_\_\_\_

**The disposal and treatment method shall be considered suitable for the soil class determined during the soil evaluation as mentioned in Texas Administrative Code Chapter 285 Table V and Table XIII.**

**Soil Boring Number #1:**

Depth (inches)	Soil Class <small>la, lb, II, III, or IV</small>	Soil Texture	Soil Drainage <small>Mottling water table presence</small>	Restrictive Horizon	Munsell Color

**Soil Boring Number #2:**

Depth (inches)	Soil Class <small>la, lb, II, III, or IV</small>	Soil Texture	Soil Drainage <small>Mottling water table presence</small>	Restrictive Horizon	Munsell Color

Gravel present in class II or class III soil: Yes  No  % by volume and size: \_\_\_\_\_%/\_\_\_\_\_

If yes, a gravel analysis shall be done and must contain less than 30% gravel and gravel greater than 2.0mm

Presence of 100-year floodplain or Floodway: Yes  No  If yes, a copy of the FEMA floodplain map shall be included, and special planning materials must be prepared by a Professional Sanitarian or Professional Engineer

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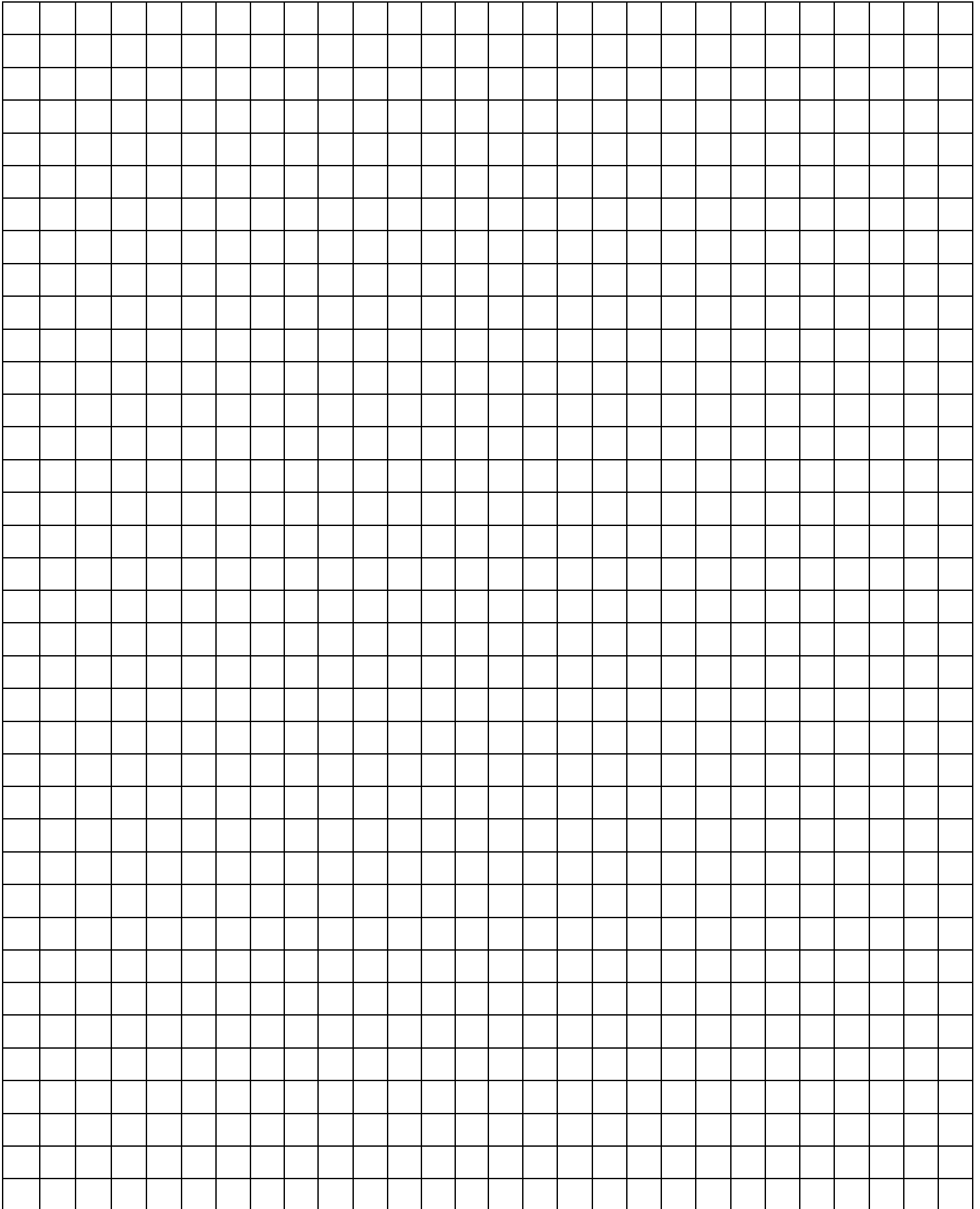
- |   |   |
|---|---|
| <input type="checkbox"/> Soil Map reviewed                            | Most restrictive soil: <input type="checkbox"/> Ia <input type="checkbox"/> Ib <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV |
| <input type="checkbox"/> FEMA Floodplain Map reviewed                 | Proposed excavation depth: _____  |
| <input type="checkbox"/> Soil Class suitable for proposed OSSF design | Soil Evaluation approved: <input type="checkbox"/> Yes <input type="checkbox"/> No  |

Review completed by: \_\_\_\_\_ Date: \_\_\_\_\_

### SCALED SITE PLAN

A scaled site plan showing the location of the OSSF and all pertinent features such as, but not limited to, Floodplain and Floodway information, natural, constructed, or proposed drainage ways (streams, ponds, lakes, rivers), all known private and public water wells within a 150' radius, potable and non-potable water lines, property slope, swimming pools, easements, surface improvements, driveways, site evaluation holes, scaled measurement used and a North-arrow for spatial reference.

If the property is larger than 5-acres, a vicinity map shall be provided. The vicinity map is not required to be to-scale.

A large grid for drawing a scaled site plan. The grid consists of 20 columns and 30 rows of small squares, providing a scale for the site plan.

I certify that the findings of this report are based on my field observations at the site location and are accurate to the best of my ability. I also understand if the soil classification is disputed, it can be requested to submit a soil analysis by a laboratory to support the findings.

Signature of Site Evaluator/ License No.

Date

**Mail Application and Permit Fee To:**  
Environmental Health Department  
PO Box 1971  
Amarillo, TX 79105-1971

**Physical Address:**  
Environmental Health Department  
808 S. Buchanan St  
Amarillo, TX 79101

October 2024